

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



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Brand new Deep Relief TV commercial for winter campaign.

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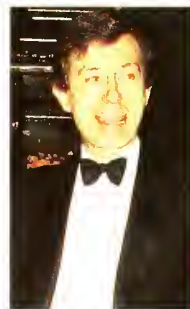
### ABRIDGED PRESCRIBING INFORMATION

**PRESENTATION:** Deep Relief is a clear, colourless gel containing Ibuprofen Ph Eur 5.0%. Also contains menthol. **USES:** A topical anti-inflammatory and analgesic for the rapid symptomatic relief of superficial musculoskeletal disorders including muscular pains, sprains, lumbago, fibrositis and backache. **LEGAL CATEGORY:** P. **PRODUCT LICENCE HOLDER:** The Mentholatum Company Limited, East Kilbride, Scotland. FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST.

2 December 1995

## Boundary changes result in 100 HAs

NPA issues 'Ask your pharmacist' challenge



## Business as usual for patient pack scheme

## Stress-related illness: the real price to pay

## Chancellor lowers business rates and NI

## Galen launches £17m expansion plan

## Update: unlicensed drugs in AIDS care



# Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.<sup>(1)</sup> Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



**NEW**  
Consumer Advertising  
campaign now running



(1) National Headache Survey, Gallup 1993

**You can't recommend  
more powerful relief.**

**Syndol®**

Paracetamol·Codeine Phosphate  
Doxylamine Succinate·Caffeine

**INFORMATION FOR PHARMACISTS:** Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy; avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P. CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.75. 20 tablets £2.99. 50 tablets £6.19. **DATE OF PREPARATION:** November 1995. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.



The NPA chairman's dinner last week was one of those infrequent occasions when ministers can give pharmacists an insight into Government policy as it directly affects them. They have a select, informed and attentive audience, and the opportunity to address key issues. In this context, Mr Dorrell's pre-dinner address was a disappointment, since he did not say much of any substance at all. Uncharitable? Perhaps, since if his senior civil servants are to be believed, Mr Dorrell is sympathetic to pharmacists playing a more integral role in a primary care-led health service. If any theme could be picked out of his speech, it was a wish to see pharmacists establishing better links with other parts of the health service, and "engaging in the wider delivery of 'Health of the Nation' targets". How the DoH might help accomplish this was not dwelt upon.

Another 'message' the secretary of state was attempting to put over is that community pharmacists need to seriously start looking for alternative sources of income outside the global sum. Mr Dorrell emphasised the value of the core dispensing service, and the importance of ready public access to pharmacies. If the Government wants a national medicines distribution network, then it has got to support it. With the focus of the NHS moving so much more into managing health, the distributive role is becoming undervalued.

Mr Dorrell has asked for a further opportunity to talk with the NPA. It will provide the chance to impress upon him that pharmacists, too, believe they have a vital role to play but would be far better placed to do so without the knowledge that their core payments are constantly being eroded in real terms. Firm foundations are essential, both in business and healthcare, a point the DoH sometimes seems alarmingly ignorant of.

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

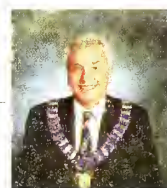
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# LPC elections to follow in wake of FHSA changes

Local Pharmaceutical Committee boundary changes, arising from last week's confirmation of 100 new health authorities, will result in affected LPCs having to reconstitute themselves.

Dr Gordon Geddes of the Pharmaceutical Services Negotiating Committee says it will be writing to all LPCs in the near future with the details. PSNC will offer to conduct elections where these are needed.

Health minister Gerald Malone announced the boundaries for 100 single health authorities, which replace the existing 90 family health services authorities and 105 district health authori-

ties from April 1, 1996. Maps of the new boundaries have been prepared by the eight regional health authorities and these indicate a number of changes.

- In the North West region, changes affect Greater Manchester and the northern part of the region.

- In the North East, there will be three HAs in the Newcastle area, an HA for Bradford and another for Calderdale and Kirklees.

- In the Anglia and Oxford region, there will be two completely separate HAs for North West Anglia, and Cambridge and Huntingdon.

- In the West Midlands, Stafford-

shire becomes North Staffordshire and South Staffordshire.

- In Trent, there will be North Nottinghamshire HA and Nottingham HA.

- In the South Thames region, both Kent and Surrey are each divided into two HAs, and in North Thames, Hertfordshire and Essex are similarly divided.

- In the South and West, Devon will be split into two health authorities and Hampshire will have three.

LPCs can comprise nine or 15 contractors, but the larger number is preferred where there are a greater number of pharmacies in an area.

## NPA turns down GP dispenser training

The National Pharmaceutical Association has refused to tender to provide an introductory training programme for GPs' dispensing assistants.

East Sussex Family Health Services Authority says its aim is to improve dispensing standards for medical staff to pharmacy level.

The NPA maintains that the proposed seven-day course would be "totally inadequate to train a dispensing technician to a standard that would ensure public safety" and it also felt that such a course would encourage participants to go beyond their competencies.

The FHSA has pointed out that the course would consist of seven fortnightly training days, with a heavy emphasis on the introductory nature of the course. Trainees would also be "actively encouraged" to carry on with the full Dispensing Doctors' Association dispenser training course.

## Public do not trust pharmacy assistants

Only 51 per cent of adults trust pharmacy assistants as a source of medical information. This was one of the more surprising findings of PRISM 95, a *Reader's Digest* survey of the self-medication market.

There was a high level of trust in doctors and pharmacists (97

and 94 per cent respectively), with 43 per cent placing their trust in medical reference books or encyclopaedias.

Over half of the 2,000 respondents (55 per cent) believed it would be 'worse' to make more medicines available over the counter, a slight increase over

figures from last year's survey.

Specialist chemists/pharmacists were the most popular type of retail outlet for self-medicators, followed by Boots the Chemists. Headache topped the list of ailments for which people self-medicate, followed by dandruff and athlete's foot.



## Minor relocation appeal fails to overturn judicial review decision

The Court of Appeal has upheld a judicial review decision over pharmacy minor relocations.

The appeal against Justice Popplewell's judicial review concerns two minor relocation applications in Melksham, Wiltshire, and another in Nottinghamshire, being fought by Messrs Gompels and Miss Suri, respectively.

Mr Popplewell ruled: "There is nothing in the Act (the NHS Act 1977) which tends to suggest that it is the patient population which needs to be considered. It is the population as a whole."

The applicants, backed by the NPA disagreed with this interpretation, believing that the appropriate yardstick to be considered

was the patients and customers of local pharmacies.

However, the Court of Appeal has decreed that a minor relocation is essentially a question of geography and topography; the relevant population is the population that is dependent or reliant upon the relevant pharmaceutical services.

## Maddock steps down

Dr Hopkin Maddock has resigned from his position as chairman of the Association of Local Pharmaceutical Committee Secretaries.

No reason was relayed in last week's letter of resignation. Vice chair Dennis Millington moves into the vacant seat for the remainder of the tenure of office, until the end of March, 1997.

## Herts home visits

Hertfordshire pharmacists are to participate in a year-long domiciliary visit and medication review pilot, starting in the new year.

The project, funded by around \$70,000 from the Hertfordshire Health Agency's Strategic Redevelopment Fund, aims to reduce hospital admissions in at-risk groups of patients aged over 75, says Hertfordshire Local Pharmaceutical Committee chairman Michael Richard.

Ten pharmacists will visit 30 patients apiece, chosen by GPs from ten practices. An initial visit to assess patient medication will be followed by liaison with the patient's GP to institute changes. A second visit will take place at a date determined by both health professionals.

Participating pharmacists will be given three and a half days' training at the end of January, for which locum fees will be paid. They will also be reimbursed at a 'commercial' rate for their project work.



# NPA 'Ask your Pharmacist' gauntlet thrown down to challenge DoH

The Department of Health should give "serious consideration" to running its own 'Ask your Pharmacist' campaign, National Pharmaceutical Association chairman Wally Dove told health secretary Stephen Dorrell last week.

Community pharmacy could do, and is ready to do, more for the health of the Nation, he said at the triennial chairmans' dinner at the Apothecaries Hall, London, last Wednesday. "Given the undoubted fact that pharmacy is still an under-utilised resource, I would suggest that the DoH give serious consideration to supporting our own campaign, or mounting a similar exercise."

Mr Dove was critical of the number of Government consultation documents and health papers which made no reference to pharmacy. The latest example is a circular from the NHS Executive - 'Reviewing shared care arrangement for drug misusers'.

"This indicates to me that we both need to more than just pat each other on the back on occasions such as this."

"On many occasions a pharmacist is probably the only health professional that most drug abusers ever encounter. I find it

quite astonishing that the circular should be distributed to health authorities without containing a single reference to pharmacists."

Mr Dove said he was puzzled why community pharmacy was continually overlooked. "I like to think that it is because we get on with the job quietly without causing problems. But that is not a good answer. It is time the true value and potential of community pharmacy was fully recognised by Government, in deeds as well as words."

He aired concerns over the growth of surgery dispensing and the possible loss of Resale Price Maintenance. "It is unthinkable that this network [of pharmacies] could be decimated by 'pile 'em high and sell 'em cheap' tactics, which would inevitably follow in non-pharmacy outlets if RPM was abolished," said Mr Dove. "What is at stake here is the future perception of the public on how medicines should be treated."

The health secretary responded with: "It is my strong belief that pharmacy is a profession that ranks alongside others and has a vital part to play in the delivery of an integrated health



NPA chairman Wally Dove (left) and NPA director Tim Astill (right), pictured with the health secretary, Stephen Dorrell

service. "The commitment to seeing pharmacy as a key profession available to the NHS is something I take very seriously."

He reminded pharmacists of the importance of their core dispensing services, saying the real challenge was to integrate these into the larger vision "to ensure that pharmacists' skills were used to the full".

The 'mantra' of the primary

care-led NHS called for a broader range of services to be available at local level. In that kind of world there were important and obvious opportunities to develop the pharmacy profession, said Mr Dorrell.

He spoke of the need for more responsive local purchasing of pharmacy services, and the need to follow through the ideas in 'Pharmacy in a New Age'.

## Society secures sex drug trial

A company and one of its managers accused of illegally selling a sexual performance-enhancing drug from a sex shop were committed for trial by Hampstead Magistrates last week.

Millivres and its manager, Roy Powell, have been summoned by the Royal Pharmaceutical Society with selling three 10ml bottles of a licensed product, Hi-Tech, which contains isobutyl nitrite, from the company's shop in Camden, London, on March 23, 1991.

The summons alleges that isobutyl nitrite can only be sold in pharmacies, and is only the second of its kind to be brought by the RPSGB. The offence carries a maximum sentence of two years imprisonment.

Powell, who was granted unconditional bail, and his company, elected Crown Court trial, denying the allegations. The trial begins on January 1, 1996.

## FHSA concedes Humberside decision

Humberside FHSA has conceded that its decision to grant a pharmacy contract was, maybe, technically "wrong in law" at London's High Court this week.

The FHSA granted the contract to Crump & Watson in the village of Holme-on-Spalding Moor, following an ongoing battle with the village's dispensing doctor practice, Drs Moore, Marsden & Robinson. In making its decision, the FHSA stated that, given the

circumstances, it "must" approve the application. The FHSA accepted that the decision should be quashed.

The doctors are using this as a lever in their judicial review against the decision, which they maintain is "unlawful" because the issue of prejudice to medical services was not deemed relevant in considering whether the application was necessary or desirable. The doctors are asking

the High Court to block the pharmacy's opening.

However, Crump & Watson, with the backing of the PSNC, is battling to overcome the GPs' objections. PSNC secretary Steve Axon stated that whether an application for a pharmacy was necessary or desirable "is restricted to those providing services on the pharmaceutical list".

Justice Potts hopes to deliver judgement on December 15.

## Dental delay

The Pharmacy Healthcare scheme has postponed the introduction of its 'Teeth for Life' leaflet until the first week in January. It was scheduled for distribution in October.

The next phase of the scheme will be the 'Contraceptive choices and sexual health' leaflet, to be launched on Valentine's Day. One of its aims is to reduce teenage pregnancies.

## Flu epidemic warning for UK

Pharmacists are being asked to identify at-risk patients who should receive a flu vaccination, amid fears that the UK is in the early stages of an epidemic.

Roseann Ward of the Association for Influenza Monitoring and Surveillance says: "It would be a good idea for pharmacists to keep a look-out for people who get repeat prescriptions for

underlying chronic illnesses."

The advice follows notification from the research unit of the Royal College of General Practitioners which recorded 90 cases of flu per 100,000 population for the week ending November 19, one-third more than the previous week's figures.

AIMS says wholesalers have "abundant" vaccine stocks.



# Dispensing procedure 'as usual' for patient packs

Pharmacists should behave as normal when faced with the first tranche of drugs to become available in patient packs.

The first phase of patient pack drugs will become available from December 1. However, the Pharmaceutical Services Negotiating Committee's secretary, Steve Axon, says: "This does not mean that pharmacists can supply the patient packs."

PSNC advises pharmacists that the exact quantity written on a prescription must be dispensed, except when special container or calendar pack rules apply.

As far as reimbursement goes, again, there will be no change until changes to contractors' Terms of Service have been implemented. Says Mr Axon: "Pharmacists will not be reimbursed for dispensing a patient pack, but will be reimbursed for dispensing from the patient pack."

The Department of Health has confirmed that those generics which are available in patient packs during December will move into Part VIII category D in the January Drug Tariff. For reimbursement purposes, pharmacists must endorse the script

with the pack size and supplier. If there is no endorsement, Drug Tariff prices will apply.

The first patient packs phase includes products in the following therapeutic categories: peptic ulcers, cholesterol reducers, anti-virals and systemic corticosteroids. However, the Association of British Pharmaceutical Industry's Richard Ley points out that not all will be immediately available in this form.

● Changes to the Terms of Service to allow pharmacists to dispense patient packs are expected in April, as well as changes relating to patient records.

## Residents campaign against pharmacy

Crawley Downs' residents are waging a campaign against a recently-opened pharmacy which will put an end to over 14 years of doctor dispensing services. The local residents' association is co-ordinating a boycott of Sutaria Pharmacy, which opened in early October in the village.

It is alleged that the surgery, located a quarter of a mile away, has implied to residents that the loss of the dispensing business from January will compromise medical services and result in the loss of a partner.

Tactics initially adopted included graffiti being daubed on the shop front. The Pharmaceutical Services Negotiating Committee is raising the issue nationally.



The North East London Pharmaceutical Committees were seeking to make friends and influence people at a dinner held at the Society last Thursday. Seen here with Lady Caroline Rhys-Williams, chair of Barking & Havering FHSA, are its LPC chairman, Gary Boorman (right), and (left) Jay Patel, chairman of Redbridge & Waltham Forest LPC. The dinner was put forward as an alternative to attending the PSNC dinner next year

# NPA calls for members' OTC figures

Members of the National Pharmaceutical Association are being asked to supply details of their total turnover and percentage of medicine sales as part of the campaign to support Resale Price Maintenance (RPM).

Following a preliminary visit to the NPA by the Office of Fair Trading, the OFT has asked for information about the importance of non-prescription medicine sales to pharmacy business. **Professional development** New management arrangements for the team of professional coordinators are to be introduced,

announced the new head of professional development, Georgina Craig.

**Malaria prophylaxis** The Board agreed to withdraw a complaint to the Association of British Pharmaceutical Industries about a leaflet from Roche. **Pharmacist recruitment** The NPA is to make representations to the Royal Pharmaceutical Society's manpower committee over members' difficulties in recruiting pharmacists.

**Touch screen** EC funding has been obtained for a TESEMED pilot project. This is a touch

screen system to help pharmacists and staff improve information on self-medication.

**Prescription charge review** The Board expressed a willingness to provide an input into a working group of the Scottish Association of Health Councils. **West Ham Branch secretary** Shiv Bagga has been appointed NPA Branch secretary for the West Ham area.

**Identification** The Board agreed to promote the NPA range of identity badges, so that pharmacists are easily distinguishable from unqualified staff.

## MCA success

Some 48 assistants in Northamptonshire have been successful in completing Part 1 of the National Pharmaceutical Association's Medicines Counter Assistants course, courtesy of funding by the Family Health Services Authority and District Health Authority.

## On the road

Britain's first drive-through pharmacy is to open on December 15 in the village of Norton Canes, Staffordshire.

## Drug talk

A new anti-drugs campaign is to give "accurate and straightforward information about the dangers and risks of drugs". The Health Education Authority has set up a 24-hour helpline dealing with illegal drugs and solvents on 0800 776000.

## Out and about

Essex Family Health is looking at running a larger-scale pharmacist domiciliary visiting scheme through South Essex, says pharmaceutical adviser Hilary Scott (C&D last week).

## NHS private pharmacy?

A new NHS hospital being built in Grampian is inviting tenders, both from the public and private sectors, for all of its services, including pharmacy. It is not known whether individual tenders for specific services will be considered or whether interest will be limited to parties intent on running the entire hospital.

## Temazepam deaths

Deaths in England attributed to temazepam use, both alone or combined with other drugs, rose from 15 to 19 in the period 1993-94, with North East Thames and North West regions racking up four deaths apiece, revealed health minister John Bowis in response to a written question in the House of Commons.

## Killer booklet

The Women's Nutritional Advisory Service is launching an 'Osteoporosis - the Invisible Killer' booklet next week. Although priced at £2.00, it is being offered to women free in the run-up to Christmas on receipt of an A5 addressed envelope and four separate second class stamps. WNAS, PO Box 268, Lewes, East Sussex BN7 2QN.



## Selling Numark

Last year, I was positive and entered the Numark fold as so many others in Northern Ireland did. One year on, I confess a certain disappointment with progress. My investment in the company, added to my annual fee, has been noticeable, my return on this investment not so noticeable.

However, it is early days and I feel the Numark management team deserves additional time to alter my increasing pessimism and bring a justified return.

I have been to Australia and have seen the Numark-type pharmacy model working there. Central to its success, however, is commitment to the brand and I was well aware of this when I signed up. My business is now focused on Numark lines, almost to the exclusion of others, but I

## I need some proof that my commitment will be rewarded

still find that this is not returning the annual membership fee. I'm willing to be committed, but I need some proof that my commitment will be rewarded.

The company has not been active enough in selling its image to the customer. Only now is there talk of television advertising. TV exposure is essential. It is the most effective way of creating an image. We need to have that image to secure the long-term success of our businesses.

So what image should be portrayed? I have always felt that Numark is front shop support. It is also a quality brand and the Numark pharmacy is strongly independent. I feel that the company has delivered this concept to the pharmacist, but I am not so sure that this is being delivered to the customer. We therefore need to be advertising the benefits of Numark and its pharmacies.

I am dismayed that the television advertising will feature Pharmacy only medicines rather than concentrating on the high quality of service, excellent brands and the exclusive offers. Every pharmacy sells Beutlin and, until Retail Price Maintenance ceases to exist, every pharmacy will sell it at the same price. So what is the benefit of advertising the merits of Numark via our availability of Beutlin?

I'm not happy with this, I've told the company's rep, I hope he has told the management.

*Written by a practising Northern Ireland community pharmacist.*

## Proving the value of home visits

Domiciliary visits by community pharmacists to targeted 'at-risk' patients can improve patient care. That is the conclusion of two research projects in Bradford and Essex which have confirmed objectively what subjectively I already knew (*C&D* last week, p759).

Clients to whom I deliver medicines invariably fall into the category of 'at-risk', and I have often spent much unpaid time sorting out their drug problems and, if necessary, contacting their GP with a view to changing medication. I know the value of this service, but in order to introduce it as an accepted and funded essential to patient care a massive re-allocation of available resources would be required.

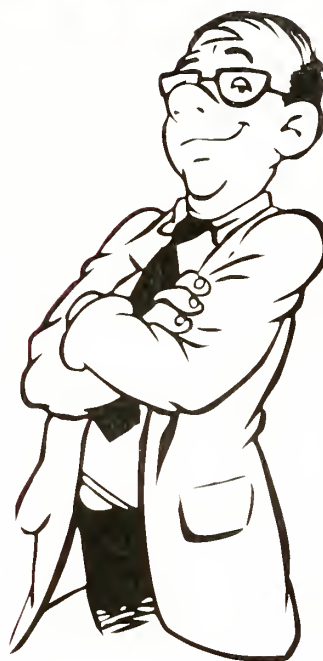
Within our current payment structure, there is no way a domiciliary service could be funded, so resources would have to be diverted from the theoretical savings achieved by other health providers. It is in this field that the difficulties would arise.

A properly-funded study must now be instituted in order to evaluate both improvements in standards of care and the changes in resource implications afforded by such pharmaceutical intervention. Both Bradford and Essex have started the ball rolling. Perhaps they should now co-operate and produce the irrefutable proof of benefit that is required before any bid to a commissioning authority could hope to succeed?

## In rare agreement with Boots

It is indeed a rare event when I agree with Boots, but I, too, consider that the company, and by implication all community pharmacists, was unfairly criticised by David Lindsay of the Campaign for

# Topical Reflections



## OTC advice or OTC prescribing?

Theoretically, pharmacists are unable to prescribe medicines, only advise on their use. This is a dilemma that was highlighted in a recent discussion workshop at the third National Association of Senior Pharmacy Managers and Advisers conference. The conclusion there was that a change to pharmacist prescribing was feasible, but would be opposed by other health professionals and would need a change in the law (*C&D* last week, p782).

However, the fine line that differentiates advice from prescribing is impossible to define and in the real world this debate has become academic, as the inertia of client demands has meant that the two terms are often synonymous. The principal difference is that this 'prescribing' is restricted to those medicines available OTC and the limitations imposed by their licences. It is extremely frustrating to have to send a seven-year-old child with a nickel allergy to the doctor and later be told the nurse prescribed hydrocortisone cream!

Short-term, the probability of overcoming this problem by legalising pharmacist prescribing is remote, but the restrictions of some OTC licences could be relaxed and pressure maintained to deregulate more POMs to P.

I can understand the profession's impatience for change, but when I look back over the last ten years I realise that change has occurred and its speed has been electrifying.

Equal State Pensions (*Letters* last week).

I applaud Mr Lindsay's efforts to produce age equality for all pensioners, but his grievance must be with the Government and not with community pharmacists who are the unasked and unwilling servants of its policy. If I was paid to collect and sort out the problems of prescription tax, then it might be a different matter!

As it is, I have been enthusiastically handing out reclaim application forms to all men between 60 and 65, and have also suggested that they claim back to their 60th birthdays rather than the three months grudgingly accepted by the Government.

The European Court decision has not yet been clarified, but I understand that its ruling could mean that rebates should be backdated ten years to the enactment date of the original European legislation. If this is true, the bill could be both fiscally and politically very costly. But that is the price of arrogance!



# MEDICALmatters

## Storage recommendations

The storage recommendations for all but one of the Minims range of single use drops have been changed to: "Store below 25°C. Do not freeze. Protect from light". The corresponding shelf life for these products will be 15 months from the date of manufacture. The storage recommendations for Minims Chloramphenicol remains: "Store between 2°C and 8°C. Do not freeze. Protect from light". This product has a shelf life of 30 months.

**Chauvin Pharmaceuticals Ltd. Tel: 01708 383838.**

## Methodex Mixture

Link Pharmaceuticals has launched Methodex Mixture (500ml, £6.07), which it says is the first branded methadone oral solution DTF 1mg/ml. The basic NHS price is lower than the generic reimbursement price.

**Link Pharmaceuticals Ltd. Tel: 01403 272451.**

## Product moves

Roche says Nitoman Tablets 25mg x 120 and Prostigmin Tablets 15mg x 100 have been divested to Lifehealth. Pack sizes remain the same, but the products are now known as Tetrabenazine 25mg Tablets and Neostigmine Bromide 15mg Tablets. Orders should now be placed with:

**Cambridge Laboratories. Tel: 0191 261 5950.**

## Sterijet correction

Seton Healthcare has acquired Sterijet Sterile Saline Irrigation Solution from Perstorp Pharma. All orders and enquiries should be addressed to:

**Seton Healthcare Group. Tel: 0161 654 3000.**

## Diagnostic test for osteoporosis

Osteomark is a new diagnostic test from Johnson & Johnson Clinical Diagnostics, which has the potential to improve the management of osteoporosis. It is the only Food and Drug Administration-approved test that specifically measures rates of bone resorption.

Osteomark detects changes in certain peptides of type I collagen, which has been shown to be a specific, dynamic indicator of bone loss. It is a simple urine test from which a laboratory can obtain results in about two



Evans IMS (International Medication Systems) has added Atropine 3mg to its Minijet pre-filled syringe range. The basic NHS price for a single 3mg unit dose of Minijet Atropine Sulphate Injection is £7.75. It is licensed for intravenous use in the management of asystole in adults. Evans says the ready to use dosage format is fast and easy to use in a critical care situation. According to an unpublished hospital survey, use of the Minijet system cuts drug assembly time to less than ten seconds.

**Evans International Medication Systems (UK) Ltd. Tel: 01582 475005**

## High tech delivery system for chemotherapy agent

A new delivery system for daunorubicin has been described as a major advance in the treatment of cancer. DaunoXome (liposomal encapsulated daunorubicin) is indicated as first-line treatment for patients with Kaposi's sarcoma.

The drug is encapsulated in microscopic spheres (mean diameter of less than 80 nanometers) whose size allows them to escape rapid capture and clearance from the bloodstream by the liver, spleen and bone marrow. Their small size also allows the drug to concentrate around tumours by escaping from the 'leaky' blood vessels that surround them. The liposomes enter the tumour cells intact, where they then release daunorubicin

directly into the cells over a period of time.

DaunoXome is able to directly target cancer cells, at the same time protecting the rest of the body from the potent chemotherapeutic agent. Research has shown DaunoXome to be as effective, but much better tolerated, than the standard drug therapy for Kaposi's sarcoma. In a recent clinical trial, DaunoXome reduced the incidence of side-effects, such as hair loss, fatigue and neuropathy. Its side-effect profile allows patients to be treated for longer periods.

Phase II trials of DaunoXome as treatment for breast cancer, small-cell lung cancer, liver cell cancer, and leukaemia in children and adults are ongoing.

## AIDS update

The approach of the end of the millennium will see a 25 per cent rise in new AIDS cases among heterosexuals, warns the latest AIDS projection figures for England and Wales.

However, it notes that most of these cases were due to infection acquired abroad.

Using data to the end of 1994, other projections for 1995-99 include: a drop of 7 per cent in new AIDS cases among homosexual men and a rise of 29 per cent in injecting drug users; and that the turn of the century will see around 4,000 AIDS sufferers still alive, with a further 4,000 with severe HIV disease.

## CONTACT PRODUCT INFORMATION

**PRESENTATION:** Controlled release capsule

containing Phenylpropanolamine hydrochloride BP 50 mg, Chlorpheniramine maleate BP 4 mg. Each capsule has a therapeutic action of up to 12 hours.

**USES:** For the relief of symptoms of nasal congestion and hypersecretion associated with the common cold, hayfever and sinusitis.

**DOSAGE AND ADMINISTRATION:**

**Adults and children 12 years and over:** One capsule swallowed whole in the morning and another at bedtime.

**Children under 12 years:** Not recommended.

**CONTRAINDICATIONS:** Known hypersensitivity to ingredients, hypertension,

hyperthyroidism, diabetes, cardiac

dysfunction. Patients taking tricyclic

antidepressants or beta-blocking drugs.

Patients taking, or within two weeks of having taken MAOIs.

**PRECAUTIONS:** May cause drowsiness.

If affected do not drive or operate machinery.

Avoid alcoholic drink or other decongestant medicines.

**INTERACTIONS:** Anxiolytics, hypnotics and antimuscarinics.

**PREGNANCY AND LACTATION:** Use only on medical advice.

**ADVERSE REACTIONS:** Side-effects are rare.

Headache, psychomotor impairment,

antimuscarinic effects, occasional rashes,

photosensitivity reactions and

gastrointestinal disturbances may occur.

**LEGAL CATEGORY:** P.

**RETAIL PRICE:** 6 capsules £2.49, 12

capsules £4.09, 24 capsules £5.49.

**PRODUCE LICENCE NUMBER:**

PL 0073/0020. Further information is

available from the product licence holder:

SmithKline Beecham Consumer Healthcare, Brentford TW8 9BD.

**DATE OF LAST REVISION:** August 1995.

Contac is a trademark.



# cold comfort

If there's one certainty this winter – it's that your customers will be lucky to escape from the common cold.

Hardly surprising since more than 200 different strains of cold virus have been identified.

Each year at least seven million working days are lost because of colds and flu. In any month 21 per cent of the population will be suffering from a cold with the average adult suffering from one or two colds a year, making it the most frequently asked about complaint in any pharmacy.

But now, more than ever, people choose not to give in at the first sign of a sniffle. In fact in a new survey conducted by Research Surveys of Great Britain for Contac 400, the cold and flu

remedy, just seven per cent of respondents would take time off for a cold. The remainder feel pressurised to go in mainly due to feelings of loyalty and duty.

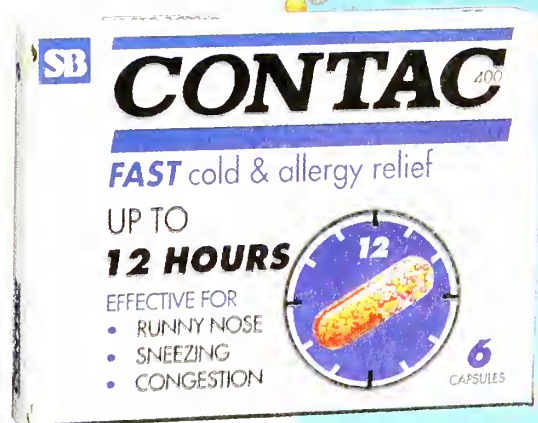
Runny noses, streaming eyes, stuffy heads and sneezing – whilst they are not life-threatening they can be the cause of a great deal of misery and discomfort. What's needed is cold relief that will work hour

after hour – not minute by minute!

*Not to be sneezed at* Contac 400 capsules provide fast, reliable cold relief for the whole working day. In fact, just one capsule provides long lasting relief for up to 12 hours, so it can also be taken at bedtime to help your customers through the night.

The multi-coloured tiny time pills in each capsule are designed to

release the active ingredients slowly allowing your customers to get on with their lives.



...each year at

least seven

million working

days are lost

because of

colds and flu.



## 'Lighten up' with Honeyrose

New Honeyrose Lights have a different aroma and a lighter taste than traditional herbal cigarettes.

Designed to help smokers give up smoking within four weeks, Honeyrose Lights are both tobacco- and nicotine-free.

The launch is supported by in-store promotional displays: a counter top leaflet dispenser invites smokers to 'Lighten up' and offers a mini torch in return for two Honeyrose Lights pack fronts. There will also be major consumer press promotions in women's and health magazines. **Honeyrose Products Ltd. Tel: 01449 612137.**

## Big plasters for little people

**Fastaid Friends Big Plaster gift pack from Robinson Healthcare** is the latest addition to the Fastaid range of children's plasters.

The gift pack (£1.89) contains three large Ugly Bugs sterile plasters, which, the company says, are soft, easy to use and water-repellent, and gifts to console an injured child, including a 'Get well' card, a colouring book and button badge. The pack is aimed at 3-10-year-olds.

**Robinson Healthcare. Tel: 01246 220022.**



## Get active this winter with Chap Stick



In a promotion exclusive to independents, Chap Stick is offering consumers the chance to 'Get Active' this winter.

A single proof of purchase enables one person to go on a number of outdoor activities free of charge, when accompanied by a person paying full price. Fifty activity centres

across the country are involved in the promotion. Activities on offer include: abseiling, climbing, sailing and mountain biking.

Merchandising material designed to fit on the top of existing Chap Stick towers is available. A supply of consumer leaflets is also available.

**Whitehall Laboratories Ltd. Tel: 01628 669011.**

## Getting those orders in time for Christmas

● All orders received by Bayer Diagnostics by Friday, December 15 will be despatched on or before Friday, December 22. The sales office will be open between December 27-29 as normal, and will accept orders for despatch from January 2.

**Bayer Diagnostics. Tel: 01635 566210.**

● All orders required before Christmas from Warner Wellcome Consumer Healthcare, Parke-Davies, Elan Pharma and Warner-Lambert Confectionery must be placed by Friday, December 22.

**Warner-Lambert. Tel: 01495 762468.**

## Efamol drops in

Efamol has repackaged its original evening primrose oil in new livery and a 30ml dropper bottle.

Half a teaspoon is equivalent to five 500mg capsules, says the company.

The oil has a nutty taste and can be taken neat or with food. The 30ml bottle retails at £8.15.

**Efamol Information Line. Tel: 01483 570248.**

## Rennie resurrects ad

Rennie's new \$1.2 million advertising campaign reunites the original 'Mr and Mrs Rennie'.

The campaign will be seen nationwide throughout the Christmas build-up. It will be supported by heavyweight PR and sampling.

**Roche Consumer Health. Tel: 01707 366000.**

## Cannie gets a grip on bottles

Cannie has launched Medigrip, a safety cap bottle opener for use on child-resistant and other screw caps.

Medigrip has a simple ergonomic design that is easy to use on CRC sizes 22, 24, 28, 33 and 38mm. Simple instructions, also in braille, are printed on the product.

Medigrip is packed singly on a fully-descriptive blister pack (\$2.00) suitable for hanging or free-standing display.

**Cannie plc. Tel: 01753 686767.**

## Aussie remedies

**Tea Tree Oil Chlorophyll Herbal Lozenges (£3.99)** from Thursday Plantation contain Australian tea tree oil to help combat sore throats and coughs, and chlorophyll to help freshen breath.

The tea tree has been used by Aborigines for thousands of years as a healing plant, and research this century has proved many of its traditional claims. It is an antiseptic, anti-viral and fungicidal agent, and has also been found to stimulate the immune system.

**Health Imports. Tel: 01274 488511.**

## Yule-like '3 for 2' at Unichem

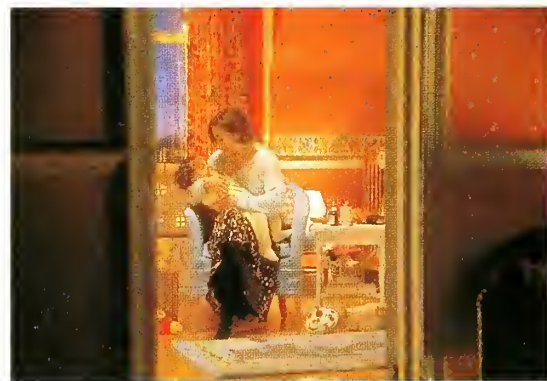
In time for Christmas, Unichem is offering the opportunity to run 'buy 2 get 1 free' promotions across a number of lines until the end of December.

The lines involved in the promo are: pantyliners, press-on towels, eye make-up

remover, cleanser, toner, moisturiser, pocket tissues, plastic wallet stretch fabric, washproof dressings and sponges.

By ordering any five cases, there will be 25 per cent off trade prices (up to 36 per cent POR). **Unichem plc. Tel: 0181 391 2323.**

## Tixylix raises public awareness



Tixylix will be promoted through a new \$750,000 television advertising campaign that will run at elevenses.

The ads will recommend the pharmacy as the first port of call for reliable advice and effective treatment for coughing children.

The campaign will appear nationwide in the intervals of programmes

such as 'This Morning', 'The Time and The Place' and 'Home and Away'.

In addition, the brand is being supported through the Tixylix counter assistants' Child Health Initiative, a training scheme to encourage a standardised approach to dealing with customers' concerns on childhood ailments. **Intercare Products Ltd. Tel: 01734 790345.**



**PRODUCT INFORMATION:** Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg Pseudoephedrine Hydrochloride. **Indications.** Effective in the relief of symptoms of cold and flu with congestion, such as aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses. **Dosage and Administration.** Adults and children over 12 years: Initial dose 2 tablets, taken with water, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings.** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach disorder. Asthmatics, anyone allergic to aspirin, anyone receiving regular medication and pregnant women should be advised to consult their doctor before taking Nurofen Cold & Flu. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor. **Product Licence Number.** Nurofen Cold & Flu 0327/0060. **Licence Holder,** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal Category.** P. **Price:** £2.29 for 12, £3.65 for 24, £4.75 for 36. Prices correct at the time of going to press. Date of preparation August 1995



## ONLY ONE COLD AND FLU REMEDY HAS NUROFEN IN IT. BUT THEN YOU ONLY NEED TO RECOMMEND ONE.

Not only does Nurofen Cold & Flu contain ibuprofen, with its analgesic and antipyretic properties.

But it combines this with pseudoephedrine, the proven decongestant, so you can confidently expect effective relief of blocked nose and congestion.<sup>1</sup>

What is less well known is that, thanks

to its anti-inflammatory performance, Nurofen Cold & Flu is also effective for sinusitis and sore throats (by contrast, paracetamol has little anti-inflammatory action).

Sinusitis is an inflammatory condition, so Nurofen Cold & Flu has been shown to be more effective, after 3 hours, than a

paracetamol combination.<sup>1</sup>

And for sore throats particularly, ibuprofen's anti-inflammatory properties make it more effective than paracetamol.<sup>2</sup>

That means you now need only one recommendation for colds and flu: Nurofen Cold & Flu.

**ADVANCED RELIEF**

For a free copy of our comprehensive clinical guide, please contact: Crookes Healthcare Ltd, P.O. Box 57, Nottingham NG7 2LJ.

**References:** 1. Data on file, Crookes Healthcare, 1990. 2. Schachtel, B.P, Clin. Pharmacol. Ther., 1988, 44, 704.



## Rio distribution

Rio Amazon Guarana products have returned to the control of Rio Trading Company. A new distribution agreement commences from January. **Rio Trading Company (Health) Ltd. Tel: 01273 570987.**

## Baby boom

Continuing the roll call of winners in this year's **Mother & Baby Awards**: the gold for excellence in the skin care category went to Sudocrem by Pharmax (Johnson & Johnson's More Than Mild baby range was runner-up); Maws' safety feeding spoon (which changes colour if food is too hot) was awarded gold in the feeding equipment category; Hipp Organic baby food won first prize in the baby food and drink category; in the baby wipes category, Procter & Gamble's Pampers Baby Wipes came top (Scott's Baby Fresh in second place); and in the nappy category, Procter & Gamble again came out with the gold for its Pampers Baby Dry Plus.

## Catalogue relaunch

AAH has relaunched its sundries catalogue with a new format, making it more user-friendly, the company says. The 1996 publication contains 74 pages of more than 1,200 lines divided into three sections: baby care and feeding, hair care and manicure, and general sundries. **AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

## Olbas bathing

The Olbas brand is being extended to a new bath product (£3.45 for 100ml). Its launch is to be supported by a £100,000 consumer advertising campaign. **G R Lane Health Products Ltd. Tel: 01452 524012.**

# Aloe to the UK from Down Under

Australian company Hi-Tech Aloe Vera is launching Tru-Alo in the UK.

The range comprises drinking gels, a soothing gel, moisturisers, an antiseptic cream and a liniment, all of which contain more than 82 per cent by volume pure Aloe Vera. The launch will be accompanied by a consumer education campaign.

Aloe Vera Soothing Gel (100g, \$4.75) contains 98g pure Aloe Vera and 0.3 per cent allantoin. Each 100g tube of Aloe Vera & Tea Tree Antiseptic Cream (\$4.50) contains 89g Aloe Vera and 3g tea tree oil. Aloe Vera & Tea Tree Liniment contains 82g Aloe Vera gel with added tea tree oil, allantoin, menthol, camphor and methyl salicylate. A 100g tube costs \$4.75. Tru-Alo Hand and Body Lotion



(100g, \$4.50) contains 92.8g Aloe Vera and Hand and Body Lotion with Vitamin E (100g, \$4.75) contains 87.7g of Aloe Vera and 5g of vitamin E.

Tru-Alo Drinking Gels are available in three flavours: 99 per cent pure Aloe Vera with a hint of lime; 90 per cent pure Aloe Vera with lemon/lime; and 85 per cent pure Aloe Vera with orange/mango. All three cost \$11.75 per litre. **AM Marketing Ltd. Tel: 01303 230719.**

## Non-clog Cover Girl foundations

Procter & Gamble is promoting its Cover Girl foundation ranges with a 'try it and see' promotion throughout January and February next year.

The promo is built on the premise that Cover Girl foundations do not block pores. Consumers who are not satisfied with their purchase can claim their money back.

Trial of the six foundations is also encouraged by promotional pricing: all foundations will retail at £2.99 (normal rrp range from £3.70 to £3.99). **Procter & Gamble Cosmetics & Fragrances Ltd. Tel: 01932 896000.**

## A lighter side of Byzance

Byzantine is the new fragrance from Rochas – inspired by its sister product Byzance.

Byzantine targets a younger user, with bold yellow packaging and a bottle prism feature.

The fragrance itself has top notes of freesia, mandarin and neroli; with heart notes of mimosa and orange blossom. Base notes include sandalwood and vanilla.

Available as an eau de toilette only, it comes in two sizes: 25ml (\$19.50) and 50ml (\$29.95).

Byzantine will roll out in the UK from February. **Creative Fragrances Ltd. Tel: 0181 391 4200.**

## Cash in on a Cachet special

Network Management is running a special Cachet and Sally Hansen tie-in in time for Mother's Day next March.

Launching in January, any Cachet purchase over \$6.00 on any combination of Cachet edt 15ml (\$4.95), deo perfume spray (\$2.95) and talc (\$3.25) will warrant a free Sally Hansen Maximum Growth nail treatment (rsp \$3.95).

A specific selfasta unit is available. **Network Management Ltd. Tel: 01252 29911.**

## Christmas coffrets

Guerlain is launching a series of coffrets for Christmas in its three top selling fragrances: Shalimar, Samsara and L'Air de Samsara.

Prices range from £29.50 to £32.50. **Guerlain Ltd. Tel: 0181 998 1646.**

## Sanex rolls into APD market



Body cleansing range Sanex is moving into the anti-perspirant deodorant market with the launch of a roll-on and an aerosol.

The 60ml roll-on retails at \$1.29 and the 150ml aerosol at \$1.79. Both products will initially be supported by special promotional prices of \$0.99 and \$1.39 respectively. **Sara Lee UK Ltd Household & Personal Care. Tel: 01753 523971.**

## ON TV NEXT WEEK

**Alka Seltzer:** All areas

**Asilone:** All areas

**Clairel Ultress:** G, C, A

**Deep Relief:** Y & G

**Duracell:** All areas

**Ever Ready:** All areas

**Nurofen Cold & Flu:** All areas

**Pepcid AC:** All areas except U, B, CTV, CAR, GMTV

**Remegel:** B, G, W

**Rennie:** All areas

**Seven Seas Cod Liver Oil:** C4 & SC4

**Strepsils Dual Action/Strepsils:** C4, GMTV

**Wrigley's:** All areas

**Tixylix range:** All areas except CTV

**Wash & Go:** All areas

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

THE



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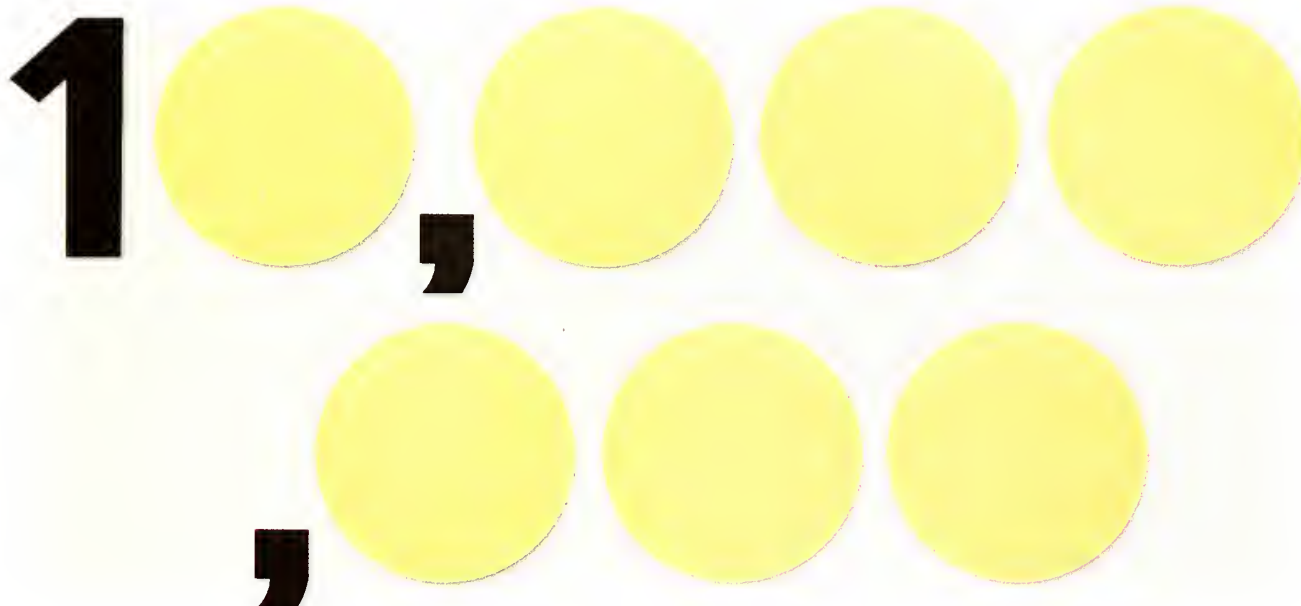
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## With this many smokers in Britain wanting to quit, we'll make sure your sales light up.

And how will we hook them? Firstly, by launching a massive £4.5 million ad campaign to teach smokers how Nicotinell patches work. Which means doubts about the relative harm from nicotine should go up in smoke. Secondly, by introducing a brand new, great tasting Nicotinell gum. And thirdly, by helping you to help

your customers, with POS material and product information guides. We're already brand leaders with

59% of the patch market, and this new drive will leave the competition fuming. So make sure you're well stocked up with packs of Nicotinell Patches and Nicotinell Gum. You'll be amazed how many you get through.



**PRESENTATION** Transdermal Therapeutic System containing nicotine, available in three sizes (30, 20 and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg nicotine, in original and mint flavour. **INDICATION** Treatment of nicotine dependence, as an aid to smoking cessation. **DOSEAGE** Stop smoking completely when starting treatment. **PATCH** For those smoking more than 20 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Oves above 30cm<sup>2</sup> have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **GUM** One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 15 pieces per day. After 3 months, the user should gradually cut down the number of pieces chewed. **CONTRAINDICATIONS** Non smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **PRECAUTIONS** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **KEEP OUT OF THE REACH OF CHILDREN AT ALL TIMES**. **SIDE EFFECTS** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **NICOTINE PATCHES** Most common adverse effects are reactions at the application site (usually erythema or pruritus). **NICOTINE GUM** May cause throat irritation, hiccuping, minor indigestion or heartburn. **LEGAL CATEGORY** P. PACKS NICOTINELL TTS 10 (PLO001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PLO001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PLO001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. NICOTINELL Original Chewing Gum 2mg (PLO001/0195) and NICOTINELL Mint Chewing Gum 2mg (PLO001/0197) in packs of 24, trade price £2.57, retail price £4.50, and packs of 96, trade price £7.70, retail price £13.50. <sup>®</sup> denotes registered trademark. **PL HOLDER** Ciba-Geigy plc, Macclesfield SK10 2NX. Further information is available from Zynma Healthcare, Holmwood RH5 4NU. **DATE OF PREPARATION** October 1995. 1294/655





## Philips' Christmas cracker

Full-page advertisements are currently running for Philips' eight top-selling small appliances in the run-up to Christmas.

The eight products highlighted are: Philishave, Ladyshave Aqua, Pro Air Quattro, Dental Logic electric toothbrush, Salon Classic hairdryer and Salon Styler.

The ads incorporate the company's corporate line 'Let's make things better'.

● With all purchases of its Salon Select HP4399 hairdryer with diffuser, Salon Classic HP4395 hairdryer with diffuser and Salon Styler HP4485, consumers can send away for a full-colour styling guide. It includes ideas for all hair lengths, giving step by step instructions. The promotion runs to April 30, 1996.

**Philips Home Appliances. Tel: 0181 689 2166.**

## Seasons greetings from Badedas

Badedas is being relaunched this Christmas and is being

backed by extensive consumer sampling and the introduction of a Christmas gift, strategically priced at under \$5.

A new pack design also freshens up the brand's image.

The gift set (\$4.99) contains a 200ml Revitalising Shower gel and an Original Bath Gelée (125ml).

**Sara Lee UK Ltd Household & Personal Care. Tel: 01753 523971.**



## Barbie photo opportunity

Swains International is building on the success of its Barbie range of cameras, films and binoculars by launching a new pack.

The Barbie three-piece outfit (£10.99) comprises a 110 glitter camera, a 12-exposure cartridge of film and a picture album.

According to the company, Barbie is the number one toy for girls under 13 years.

**Swains International plc. Tel: 01485 533393.**

## Festive Energizer

Energizer will be on TV throughout the key Christmas and New Year period.

The 10-second commercials will air nationally (including satellite channels) and will appear during high rating programmes, such as 'Coronation Street'.

**Every Ready Ltd. Tel: 0181 882 8661.**

## Elegant touch nail care gets fruity

Elegant Touch is launching a new nail care line with a strong fruit focus.

There are four products in the range: Cuticle Remover Gel with Grapefruit, Nail Hardener with Apricot, Nail and Cuticle Conditioning Oil with

Lemon and Organic Nail Gro with Melon.

The company says that all four products have the vitamin and moisturising benefits of the fruits they contain.

Retailing at £3.95, a case costs £13.95. **Original Additions. Tel: 0181 573 9907.**

## Durex joins the Internet

Durex, the UK's leading condom brand, is launching its own site on the Internet.

The Durex Web Site (<http://www.durex.com>) will feature information on safer sex, as well as interactive feedback. Romance will play a part. Internet surfers will be able to take part in a 'romantic IQ' quiz and call up hints on how to brush up their wooing techniques. The site even includes an agony aunt section.

**London International. Tel: 01992 451111.**

## Whitehall whammy

Whitehall Laboratories is spending \$1.4 million on a national advertising campaign with IPC magazines.

The advertorial-style advertisements will run for a year in magazines including *Woman's Own*, *TV Times*, *Woman*, *Woman's Realm* and *Family Circle*, and will feature most Whitehall brands.

The first two half-page advertisements feature Balneum bath treatments and Bisodol.

**Whitehall Laboratories Ltd. Tel: 01628 669011.**



## Shower & Bath Protection

**Just five of your customers who would benefit from new ISI Covers -**

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# Preparing for the arrival of the new health authorities

From next April, the NHS will have a new look: regional offices and health authorities will replace RHAs, FHSAs and DHAs. The Pharmaceutical Services Negotiating Committee recently hosted a conference to look at the implications for community pharmacy.

The new health authorities have a vested interest in involving community pharmacists in local decisions, said Alasdair Liddell, director of planning, NHS Executive. "Primary care players have a key input in developing a strategy for health problems faced by their local community."

He added that pharmacists had an important role to play in maximising patient benefit from medicines; providing a link to the key NHS objectives; and being involved in local initiatives.

Although the emphasis of the

new NHS was on primary care, it did not mean resources and activity automatically shifting from secondary care. He said resources would be directed to the sector where treatment could be best carried out from the view of the patient.

## Stick to NHS agenda

"The change agenda facing the NHS is enormous and there is no point in pharmacy developing an alternative," Peter Rowe, director of patient care in the north west region of the NHS Executive, told delegates.

Mr Rowe said the NHS had based its priorities for delivering care, including a move to primary care, on the requirement of the Health of the Nation targets, the Patients' Charter and the finance and activity targets.

Community pharmacists are uniquely placed to contribute to the new NHS by optimising medicines use, delivering pharmaceutical care and being involved in health promotion. "You are the human face who gives advice on the High Street and I am optimistic of the future of community pharmacy," said Mr Rowe. He stressed the need to work closely with pharmaceutical advisers to achieve these goals.

## LPCs compromised

The future of local pharmaceutical committees could be compromised by superstore pharmacies, according to Jackie Haynes, chief executive of Buckingham Health Board. This would in turn have an impact on the success of the new NHS.

"This change in emphasis does make it increasingly difficult for LPCs to find the right number of committed individuals who can find time to devote to the development of policy and local negotiation," she said.

Ms Haynes commented that a good relationship existed between health authorities and LPCs because their advice tended to be more objective than that of GPs. "In the end, much of our success depends on the ability of people to work together with commitment and respect."

In turn, the health authority had put in place viable projects to enable the profession to develop and explore new ways of working. However, Ms Haynes warned that pharmacists should not be over-ambitious in striving to achieve appropriate change and must not overlook profit and overall business plans.



The NHS' Alasdair Liddell



Peter Rowe, also of the NHS



Buckingham's Jackie Haynes



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# Asilone erupts on TV in December



Asilone is back on TV this Christmas with the start of an explosive £1.5million national campaign.

With its effective balance of 2 antacids and an antiflatulent, Asilone brings fast and long lasting relief from all types of indigestion - including acid indigestion, heartburn and trapped wind.

Available as a soothing liquid or handy tablets, peppermint flavour  
Asilone is the one to watch this Christmas.



**Fast relief from  
all types of indigestion**

**Product Information.** **Asilone Liquid:** White suspension containing in each 5ml: dried aluminium hydroxide BP 420mg, light magnesium oxide BP 70mg, activated dimethicone 135mg. Dosage: Adults and Children over 12 years. 5-10ml liquid after meals and at bedtime. Pack size 200ml. Not suitable for children under 12 years. **Asilone Tablets:** Each tablet contains dried aluminium hydroxide BP 500mg, activated dimethicone 270mg. Also contains sucrose 1.1g. Dosage: Adults and Children over 12 years; 1 or 2 tablets to be chewed or sucked before meals and at bedtime. To relieve heartburn, the tablets to be sucked slowly. Pack size 24. Not suitable for children under 12 years. **Uses:** Asilone Liquid and Tablets are effective in the relief of indigestion, flatulence, acidity and heartburn. **Warnings:** Antacids may interfere with the absorption of tetracyclines, rifampicin, warfarin and digoxin - if taken at the same time. Asilone is not recommended in flatulent abdominal distention possibly related to intestinal obstruction. Antacid preparations should not be administered in severe debilitation or renal impairment. **Pregnancy:** Antacids should not be used during the first trimester. **Overdosage:** No cases of overdosage have been reported. In healthy people, the components of Asilone are not expected to cause specific local or systemic toxicity even in acute overdosage. **Pharmaceutical Precautions:** Liquid - do not freeze. **Product Licence Number:** Asilone Liquid: 11314/0033. Asilone Tablets: 11314/0037. **Licence Holder:** Seton Products Ltd. **Legal Category:** GSL. **Price:** Liquid £2.60 RSP. Tablets £2.65 RSP. Asilone is a Trade Mark of Seton.

 Seton  
Healthcare Group plc



# PHARMACYupdate

## HIV's unlicensed drugs

A myriad of drugs are used in treating HIV, we look at those without this licence /

## Pharmacy first aid

What would you do in our range of emergency situations? //

## Wound care

A round-up of the wound care treatments available and their rationale for use VI

# Unlicensed HIV drugs

**The battle against the HIV virus has prompted clinicians to look at unconventional avenues of attack. One is to administer drugs which, so far, are unlicensed for use in HIV infection.**

**David Erskine, HIV pharmacist at Chelsea and Westminster Hospital, investigates the most regularly used options in the UK**

Due to the almost unique diversity of medical manifestation seen in HIV disease and the poor prognosis associated with infection, there is a need to access, and assess the role of, many types of drug therapies – including unlicensed ones.

In the UK, drugs for human use must have a Product Licence granted by the Licensing Authority. While, this arrangement constrains the activities of drug companies, it allows doctors the freedom to prescribe unlicensed drugs when they feel that the licensed options available are not appropriate.

This article aims to summarise current knowledge on the potential roles of the most commonly used unlicensed drugs in HIV disease management.

## Thalidomide

Thalidomide (from Penn Pharmaceuticals) is probably the most controversial unlicensed drug available in the UK. It was withdrawn from use as a sedative in the

early 1960s after the discovery of its teratogenic potential.

Since then, it has gradually re-established itself as being useful in the treatment of a range of immunological disorders, including graft versus host disease and Behcet's disease.

In HIV infection, there are numerous case reports of thalidomide being used successfully in the treatment of severe aphthous ulceration and a recent report describing benefit when used in the treatment of a particular type of AIDS-related diarrhoea.

There is still uncertainty as to how thalidomide exerts its therapeutic effect but it would appear to interfere with the cytokine cascade following immuno-stimulation, reducing levels of tumour necrosis factor (TNF) in particular.

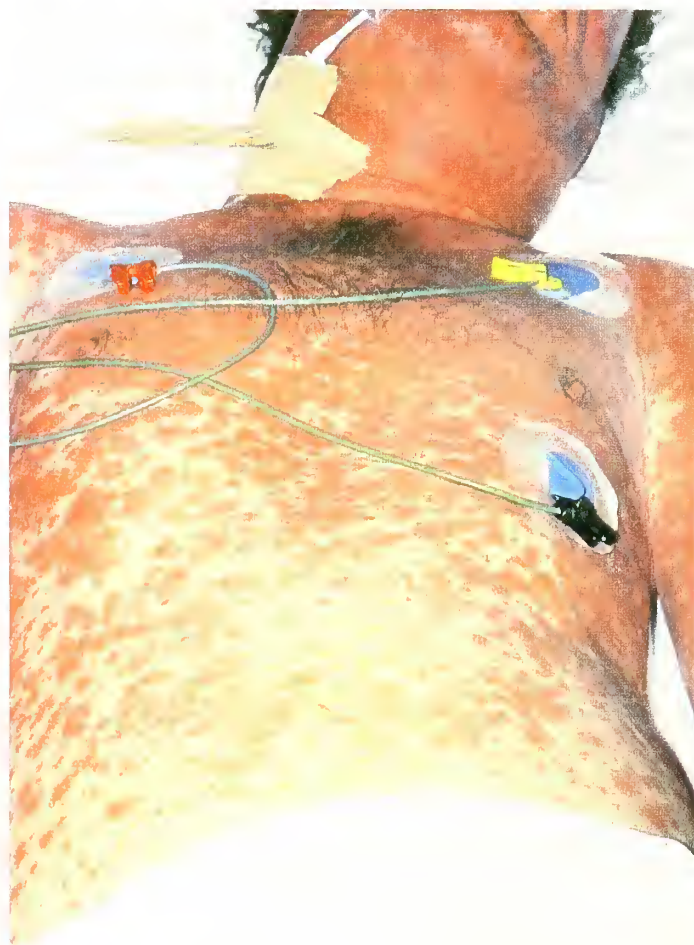
This latter finding is causing considerable excitement among some clinicians working in HIV disease and there is now scientific evidence published which suggests it may even have a role in suppressing HIV replication.

The main side-effects of thalidomide are drowsiness (hence it should be taken at night) and peripheral neuropathy.

The Medicines Control Agency has recently issued guidelines on the use of this drug, including a suggested patient information leaflet and consent to treatment form. Advice is also given on the most appropriate warning labels to attach when dispensing.

## Paromomycin

Paromomycin (Pharmacia) is an oral aminoglycoside antibiotic used to treat the



St Mary's Hospital Medicine School Science Photo Library

***Pneumocystis carinii* pneumonia sufferer; the rash is iatrogenic**

gastro-intestinal infection cryptosporidial diarrhoea. This infection is particularly difficult to treat and is very debilitating in late-stage HIV disease when it can cause profuse diarrhoea of up to five litres a day.

Paromomycin is believed to exert its effect at a local level and is not normally absorbed to a significant extent.

The main side-effects seen reflect its local action and

include abdominal pain and cramping, although the potential for aminoglycoside-related systemic effects, such as renal and oto-toxicity, should always be borne in mind.

## Itraconazole solution

This particular formulation of itraconazole (Janssen Pharmaceuticals) seems to be

*Continued on P11 ►*



## ◀ Continued from PI

a very useful addition to the oral anti-fungal armamentarium. Currently it is used in patients who are unresponsive to the licensed antifungals, where previously clinicians would have had to resort to using intravenous amphotericin

Itraconazole solution is reputed to have a local, as well as systemic, effect when used in the treatment of oral/oesophageal candida. Unlike the capsule formulation it does not require an acidic environment for absorption.

It may also have a role in the treatment of other less-frequently encountered fungal infections like aspergillosis and histoplasmosis.

### Primaquine

The original manufacturers of primaquine decided to let the original product licence lapse and it is now only available on an unlicensed basis from Durbin.

Primaquine is taken with clindamycin as a salvage treatment for *Pneumocystis carinii* pneumonia (PCP) in patients unresponsive to first-line therapies.

As both agents can be taken orally it allows patients the option of completing their treatment course at home. The main adverse events associated with this drug include bone marrow suppression and rash.

### Stavudine

Stavudine (Bristol-Myers Squibb), also known as D4T, is an anti-retroviral with a

similar mechanism of action to zidovudine, zalcitabine (ddC) and didanosine (ddI). It is available on a compassionate basis for patients unresponsive to, or intolerant of, those therapies.

Initial results indicate that it is a useful agent, particularly in late-stage disease. It is likely that it will undergo further clinical investigation in earlier stage disease, probably as part of an anti-retroviral combination regime.

It is similarly priced to the licensed anti-retrovirals and its main toxicity appears to be neurological.

### Lamivudine

Lamivudine (Glaxo Wellcome) is also known as 3TC and is another anti-retroviral with the same mechanism of action as zidovudine.

The main role of this drug is clearly as part of a combination anti-retroviral regime. Initial results are promising in that it seems to be well tolerated and has beneficial effects as measured by the biochemical markers.

That said, the only anti-retroviral combinations which are currently proven to prolong survival when started together in HIV positive patients are zidovudine taken with either didanosine or zalcitabine.

### Saquinavir

Saquinavir (Roche Syntex) is the first of a new class of anti-retroviral agents, known as protease inhibitors, to be made available on a compassionate basis in the UK.

When used by itself, this drug causes a drop in viral load and a short-lived increase in immune function. However, it would appear that the virus acquires resistance to this drug fairly rapidly, but that this is delayed; thus, the anti-viral effect is prolonged when it is given with one or two other anti-retroviral agents.

Saquinavir will be licensed in the UK next year.

### Conclusions

The use and evaluation of unlicensed drugs has significantly contributed to the progress made in the treatment of HIV disease over the last decade.

As drug companies are often not in a position to support the use of these therapies and details are not readily available from standard reference sources, we have an increased responsibility as pharmacists to provide any relevant drug information available.

It is particularly important that patients, their clinicians and other healthcare staff involved in their care are made aware of potential drug-related toxicities and adverse drug interactions so they can monitor for them.

Ensuring that the personnel involved are well informed represents the only practical way of minimising the risks associated with the use of unlicensed drug therapies.

More information on this subject is available from the Chelsea & Westminster Hospital pharmacy department.

# Accidents will happen

**The pharmacy is often the first port of call for minor accident victims. Anne Reilly of St John Ambulance explains what to do in an emergency**

**T**he only certain thing about accidents is their unpredictability. They can happen anywhere and at any time, causing millions of hospital admissions every year.

Accidents in the home account for about 2,500,000 injuries requiring hospital treatment every year; road traffic accidents cause 330,000 injuries and 300,000 people need treatment for injuries sustained in the garden!

Unfortunately, with the ever-increasing burden being placed on doctors and hospital staff, people often feel guilty about placing additional demands on their time. So they turn to the pharmacist for advice instead.

Although most pharmacists have some form of first aid training, it is not a legal requirement. However, they can treat a casualty in accordance with standard first aid procedures in order to prolong or preserve life. So, it is likely you may be called on to help in an emergency in order to prolong or preserve life.

But would you know what to do in the following situations?

### Epileptic episode

A young woman entering the pharmacy says she is having an epileptic fit.

There are two types of epileptic fit. In minor epilepsy, or 'petit mal', brief, sudden disturbances of the brain cause little more than a momentary blurring of consciousness that resembles daydreaming. On recovery,

Continued on PV ►

## Unlicensed drugs in HIV management

Drug	Use	Dosage	Duration
Thalidomide	Severe aphthous ulceration AIDS-related diarrhoea	50-200mg at night	1-2 weeks, though high-dose/long courses may be needed
Paromomycin	Cryptosporidial diarrhoea	500mg qds	At least two weeks, but sometimes life-long
Itraconazole solution	Oral/oesophageal candida	10-20ml bd	1-2 weeks
Primaquine	<i>Pneumocystis carinii</i> pneumonia	15-30mg daily	2-3 weeks
*Stavudine	Anti-retroviral	20-40mg bd	—
*Lamivudine	Anti-retroviral	150mg bd	—
*Saquinavir	Anti-retroviral	600mg tds	—

\*Doses used at Chelsea & Westminster Hospital

## COX PHARMACEUTICALS

Cox Pharmaceuticals are pleased to announce the launch of Selegiline 5mg x 56 and 10mg x 28, available in blisters of 14. For further details please call freephone number 0800 373573.



# A script for Nebules<sup>TM</sup> can mean only one thing

During the last 26 years, millions of health professionals and asthma patients worldwide have come to trust the name Ventolin. Recognising that every asthma patient is different, Allen & Hanburys manufacture a wide variety of products within the Ventolin range: one of these is Ventolin Nebules.

A prescription with the word Nebules means that the pharmacist should dispense Ventolin (salbutamol) Nebules. This is because Nebules is a trade mark specific to the Ventolin brand.

You will be reimbursed accordingly – as the following extract from PSNC News confirms;

“Nebules is a trade mark which is - brand specific and therefore where salbutamol Nebules are ordered on form FP10 contractors may be assured that Ventolin Nebules will be passed for payment by the PPA as that is the product which must be supplied against such orders.”

So when a prescription includes the word Nebules, remember it means only one thing – Ventolin Nebules.

For further information about Ventolin Nebules, please contact the Allen & Hanburys Customer Services Department; Tel: 0800 221441 Fax: 0181 990 4328.



## FEEL SURE

# Ventolin<sup>TM</sup>

(salbutamol)

More than 25 years  
of use by millions  
of patients

Ventolin Nebules 2.5mg and 5mg (salbutamol)

**Abridged Prescribing Information**

(Please refer to the full data sheet before prescribing)

**Uses** Treatment of acute severe asthma. Routine management of chronic bronchospasm unresponsive to conventional therapy

**Dosage and administration** For inhalation using a nebuliser only. *Adults and children* Starting dose 2.5mg, increasing to 5mg, up to four times a day. Efficacy is uncertain in infants below 18 months

**Contra-indications** Threatened abortion. Hypersensitivity

**Precautions** *Severe or unstable asthma* Bronchodilators should not be the only or main treatment. Consider using oral steroids and/or maximum doses of inhaled corticosteroids. Warn patients to seek medical advice if relief becomes less effective or more doses are needed. Treat severe exacerbations in the normal way. *Thyrotoxicosis* Use with caution

**Drug interactions** Avoid beta-blockers. Care with large doses of other sympathomimetics

**Hypokalaemia** May occur, particularly in acute severe asthma. May be potentiated by xanthine derivatives, steroids, diuretics and hypoxia. Monitor serum potassium levels

**Pregnancy and lactation** Experience is limited. Balance risks against benefits

**Side effects** Mild tremor, headache occur rarely. Peripheral vasodilatation and a compensatory small increase in heart rate may occur. Transient muscle cramps have been reported rarely. Hypersensitivity reactions have been reported very rarely. Potentially serious

hypokalaemia may result from  $\beta_2$ -agonist therapy. Mouth and throat irritation may occur. There have been rare reports of hyperactivity in children. *Transient hypoxaemia* Consider supplemental oxygen. *Paradoxical bronchospasm* Substitute alternative therapy

**Presentation and Basic NHS cost** Ventolin Nebules. 20 Nebules. 2.5mg – £376, 5mg – £767

Hospital packs also available

Product licence numbers 10949/0085, 10949/0086

Product licence holder Glaxo Pharmaceuticals UK Limited,

Stockley Park West, Uxbridge UB11 1BT

**POM**  
Date of preparation 10/2/95

Reference 1. PSNC News Issue No 11, 1993



ALLEN & HANBURYS

Further information is available on request from  
Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT  
Nebules and Ventolin are trade marks of the Glaxo Group of Companies



**ABBREVIATED PRESCRIBING  
INFORMATION**

**TEMAZEPAM ELIXIR 10mg PER 5ml**

**Presentation:** Elixir: clear, green lemon-mint flavoured sugar-free elixir containing 10mg temazepam per 5ml. **Indications:** Short-term management of insomnia only when it is severe, disabling or subjecting the individual to extreme distress. **Adult Dosage:** Treatment should be as short as possible with a maximum of 4 weeks including tapering off. The initial dose should be 10-20mg (5-10ml) half an hour before retiring. Dose may be increased in unresponsive patients to 30-40mg (15-20ml). It should always be tapered off to suit the individual. **Elderly:** 10mg (5ml). In exceptional circumstances the dose may be increased to 20mg (10ml). **Children:** Not recommended. **Contra-indications:** Hypersensitivity to benzodiazepines, severe respiratory insufficiency, sleep apnoea syndrome, myasthenia gravis, severe hepatic insufficiency. **Special Warnings and Precautions:** Concomitant intake with alcohol is not recommended due to potentiation of sedative effect. Enhancement of CNS depressant effects may occur during concomitant use of neuroleptics, antidepressants, narcotic analgesics, anti-epileptics, general anaesthetics, sedative antihistamines, hypnotics, anxiolytics and sedatives. Development of physical and psychic dependence. The risk increases with dose and duration of treatment, and is greater in patients with a history of alcohol and drug abuse. Patients should be cautioned against driving or operating machinery until the absence of hangover effects such as sedation, amnesia and impaired muscular function are established. The cause of insomnia should be sought and treated before using benzodiazepines for symptomatic relief. Benzodiazepines may induce amnesia. Some loss of efficacy may develop after repeated use. Treatment should be tapered off gradually to negate withdrawal symptoms such as rebound insomnia. Avoid use during pregnancy and lactation, unless essential.

**Adverse Effects:** Drowsiness, numbed emotions, reduced alertness, fatigue, confusion, muscle weakness, headache, dizziness, ataxia or double vision may persist into the following day. These symptoms predominantly occur at the start of therapy. Rare adverse reactions include gastro-intestinal disturbances, skin rashes, change in libido, vivid dreams/nightmares. Behavioural disturbances include irritability, restlessness, aggressiveness, agitation, delusions, rages, nightmares, hallucinations, psychoses and the uncovering of pre-existing depression with suicidal tendencies. Therefore extreme caution should be used in prescribing to patients with personality disorders or patients with a history of alcohol or drug abuse. Amnesia may also occur.

**Use in Pregnancy and Lactation:** If the product is prescribed to a woman of child-bearing age, she should be warned to contact her physician about stopping the product if she intends to become, or suspects that she is, pregnant. If for compelling reasons temazepam is administered during the later phase of pregnancy, or during labour, effects on the neonate such as hypothermia, hypotonia or moderate respiratory depression can be expected. Infants born to mothers who took benzodiazepines chronically during the later stages of pregnancy may have developed physical dependence and may be at risk of developing withdrawal symptoms in the post natal period. Since benzodiazepines are found in breast milk, temazepam should not be administered to breast-feeding mothers.

**Overdose:** Vomiting should be induced within one hour if the patient is conscious, or gastric lavage with airway protection if the patient is unconscious. If there is no advantage in emptying the stomach, activated charcoal should be given. Special attention should be given to respiratory and cardiovascular functions in intensive care. Flumazenil may be useful as an antidote. **Storage Precautions:** Store in dry place below 25°C. Protect from light and moisture. **Legal Category:** POM CD (Sch 3) Temazepam elixir: Bottle of 300ml £9.95 PL 3433/0054 Unit dose 5ml x 15 £2.49 Unit dose 10ml x 15 £4.98.

**References:** 1. Ruben SM, Morrison CL. BJ. of Addiction 1992; 87: 1387-1392. 2. Wills S. Abuse of Prescribing Drugs. Pharmaceutical Journal 1993; April 17: 537-540.

**Date of Preparation:** October 1995.  
Temazepam Elixir is distributed by Pharmacia Ltd on behalf of Farmitalia Carlo Erba Ltd, Milton Keynes, MK5 BPH.  
Data sheet with full prescribing information available on request.

**Further information is available from:**  
Pharmacia Ltd., Davy Avenue, Knowlhill, Milton Keynes MK5 BPH. Telephone: 01908 661101.

# Temazepam Elixir.

## The word on the street is that it's practically abuseless.

Due to high levels of abuse, the government has decreed that temazepam capsules can't be N.H.S. prescribed after December 31st.

But, this doesn't mean the end of one of the most effective and reliable sleeping drugs available.

Temazepam Elixir and temazepam tablets are still prescribable. Temazepam Elixir is considered the least abusable form of temazepam.<sup>1,2</sup>

The Elixir's low drug concentration and high viscosity make intravenous abuse very difficult, whilst its high glycerol content also makes it very hard to abuse orally. Glycerol induces emesis and diarrhoea if consumed in large quantities.

So, when doctors prescribe Temazepam Elixir, ensure you have it in stock.

TEMAZEPAM

*Elixir*

10mg/5ml temazepam INN





**Adult recovery:** back of hand under cheek to support head, which is tilted well back; bent arm gives stability and bent leg props body

#### ◀ Continued from P11

the casualty may simply have lost the thread of what she is doing.

You should:

- help the casualty to sit down in a quiet place, preferably on the floor, and remove any possible sources of harm, such as sharp objects, in the vicinity
- talk to her calmly and reassuringly. Do not pester her with questions. Stay with her until you are sure she is herself again. The casualty may be confused and disorientated, so be gentle.

Major epilepsy or 'grand mal' is characterised by recurrent major disturbances of brain activity, resulting in violent seizures and severe (if temporary) impairment of consciousness. Epileptic fits can be sudden and dramatic, but the casualty may have a period of warning – a feeling or special taste or smell.

Epileptic fits usually follow a pattern. The casualty suddenly falls unconscious, often letting out a cry; they become rigid, with an arched back; and breathing may be noisy or cease. The lips may show cyanosis. Saliva may appear at the mouth, blood-stained if lips or tongue have been bitten. There may be loss of bladder/bowel control; then finally the muscles relax and breathing normalises.

The casualty usually recovers within a few minutes. She may feel dazed, or behave strangely in a state of 'automatism', being unaware of her actions. A fit can be followed by sleep.

Your aims are to protect the casualty from injury during the fit and to provide care when consciousness has been regained:



**Opening the airway:** remove any obstruction from mouth, lift jaw with two fingers under point of casualty's chin. At same time, put other hand on forehead and tilt the head well back

- if you see the woman falling, try to support her or ease the fall. Make space around her
- loosen clothing around her neck and, if possible, protect her head
- when the fit ceases, place her in the recovery position. Stay with her until she is completely recovered.

If the patient is having her first fit, repeated fits, or is unconscious for more than ten minutes, call an ambulance. Note the time and duration of the fit.

It is important that you do not lift or move the casualty unless she is in danger, do not use force to restrain her, or put anything in her mouth.

## Road accident

A young girl has been knocked down outside the pharmacy. There are no signs of external bleeding, but she is unconscious:

- assess the situation quickly and safely as possible and summon help. Ask a bystander to call an ambulance
- check airway, breathing and pulse and identify, as far as possible, the injuries sustained. If the casualty is not

breathing, start resuscitation

- if the casualty is breathing with no obvious signs of external bleeding, place in the recovery position and wait until the ambulance arrives

## Fainting fit

A teenage girl waiting to speak to the pharmacist suddenly collapses in the shop.

A faint (syncope) is a brief loss of consciousness caused by a temporary reduction of blood flow to the brain. Unlike shock, the pulse becomes very slow, though it soon picks up and returns to normal. Recovery is very rapid and complete.

A faint may be a reaction to pain or fright or the result of emotional upset, exhaustion or lack of food. It is more

## Professional pointer

● Pharmacists are prohibited by law from administering parenteral drugs. But they can give certain drugs in life-threatening situations, such as adrenaline in anaphylactic shock

difficult. Swelling of the face and neck increases the risk of suffocation. The amount of oxygen reaching vital organs becomes severely reduced.

The casualty urgently needs oxygen and a life-saving injection of adrenaline. But how would you recognise the onset of anaphylactic shock?

There may be: anxiety; widespread red, blotchy skin eruption; swelling of the face and neck; puffiness around the eyes; impaired breathing, ranging from a tight chest to severe difficulty; the casualty may wheeze and gasp for air.

You must arrange immediate removal to hospital:

- call an ambulance
- help him (if conscious) to sit up in the position which most relieves any breathing difficulty
- if the casualty becomes unconscious, check breathing and pulse, and be prepared to resuscitate if necessary. Place him in the recovery position.

Sometimes people who know that they are at risk from anaphylactic shock, carry adrenaline with them.

## Garden grazing

A woman has been gardening and while trimming a rose bush has scratched her arm quite badly and appears to be in considerable pain:

- assess the seriousness of the injury. Is it bleeding? Does it look infected?
- if dirty, clean the wound with warm water and soap
- using tweezers remove any foreign bodies that may be embedded in the wound
- cover with a sterile adhesive dressing
- do not put cream on the wound
- consult doctor if the wound becomes infected.
- you should also advise on tetanus vaccination, if necessary.

Prevention is always better than cure and St John Ambulance runs a variety of first aid courses designed to equip you with the knowledge necessary to act calmly and confidently in an emergency situation.

A little basic first aid knowledge can mean the difference between life and death. Sadly, we all know that ignorance can cost lives.



# Skin deep

Throughout history, progress in improving wound treatment has been very slow, but the past decade has seen major advances with the move to moist wound healing

The major problem with wound care in the past was that suitable facilities and scientific methods were lacking. Today, with high tech dressings and a better understanding of cells and infections, nurses and doctors are in a much better position to heal wounds effectively.

It was only at the beginning of the 19th century that the rate of scientific discovery really did take off. The practices of ignorance and mysticism were gradually abandoned – but not without many problems for the innovators of change who were challenging the traditional methods.

## A brief history

Throughout the ages, the supporters of cleanliness and suppuration (who extolled the formation of pus in a wound) were in conflict. The Greek practitioner Galen introduced the theory of 'laudable pus' where suppuration in the wound was essential to the healing process. He believed if it didn't occur naturally, then it should be induced!

This theory continued (albeit not without its opponents) until Lord Lister disproved it scientifically in the 1800s, over 1,000 years later. This has meant that, for most of history, physicians have taken the view that suppuration must occur for healing to take place.

But, in 1867, Lister proved that an antiseptic technique was vitally important to achieve successful wound healing. But, despite his work, he had great problems convincing his peers, even though the consequences were dire.

A prime example of this non-antiseptic approach was the Franco-Prussian war where, in over 13,000 French amputations, there were 10,000 deaths. On the Prussian side, they had a 100 per cent mortality rate.

In contrast, a German follower of Lister undertook 140 amputations with a mortality rate of only four.

Dr H C Robinson/Science Photo Library



Close-up of shin wound that has re-opened (dehiscence)

Following Lister's work, surgeons extended the practice of asepsis to equipment and also to dressings.

## A modern approach

Dr George Winter was the real pioneer of the most modern wound healing techniques. It was his work on 'wound healing in the domestic pig' (1962) which has laid the foundation of what we know today about the concept of 'moist wound healing'. Winter showed that dressings which occlude the wound and ensure moist healing conditions (rather than to allow the wound to dry out) enable or encourage more rapid, safer, less painful wound healing.

The concept of moist wound healing is to provide an environment where the new epithelial cells can travel freely across the surface of the wound to form a new layer of skin.

Where a scab has been allowed to form, by either not

dressing the wound or by using a traditional dry dressing, it is far more difficult for cell mitosis (or cell division) to take place, or for the easy passage of new epithelial cells. They have to 'burrow' underneath the scab, which slows down the wound healing process considerably.

Occlusive dressings also maintain a higher temperature within the wound, are impermeable to bacteria or water, but do allow the entry of oxygen to the wound. All of these points are conducive to a more rapid wound healing process.

In the last ten years, there have been tremendous changes and developments in the area of wound dressings. The new generation dressings, which incorporate the concept of moist wound healing, have been on the market for about 20 years, but were not available in hospitals until 1983.

That year saw the introduction of film dressings

such as Opsite (Smith & Nephew), Tegaderm (3M Health Care) and Bioclusive (Johnson & Johnson) onto the Drug Tariff.

These are clear films which act like an artificial skin and promote rapid wound healing. The practitioner can see what is happening in the wound without disturbing the dressing and they are used on a variety of wounds that do not suffer from excessive amounts of exudate. They are also successfully used prophylactically to prevent pressure sores developing.

But it wasn't until 1988 that any new dressings were made available on the Drug Tariff. Granuflex (Convatec) was the first hydrocolloid to be made available, followed by Comfeel (Coloplast) and Tegaserb (3M Health Care).

Hydrocolloids require no secondary dressing. They are polymer dressings containing pectin and gelatin, which

Continued on PVIII ►



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133 ml

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**Ready-to-use  
enema**  
Phosphate Formula

## Prescribing Information

**Indications:** For use in the relief of occasional constipation, pre- and post-operative cleansing of the bowel and prior to rectal examination. **FOR RECTAL USE ONLY** **Active Ingredients:** Each 118ml (delivered dose) contains the equivalent of Sodium Acid Phosphate 21.4g (18.1% w/v), Sodium Phosphate 9.4g (8.0% w/v). Sodium content 4.4g per delivered dose. Preservatives: Cetylpyridinium chloride 0.05% w/w, Disodium Edetate 0.3% w/w. Also contains Purified Water 83.07% w/w. **Dosage: Adults and Children 12 years and over:** One enema no more than once daily, or as directed by physician. **Children:** Under 3 years, do not administer. Over 3 years, as directed by physician. **DO NOT USE** when nausea, vomiting or abdominal pain is present, unless directed by a physician. Do not use for more than two weeks without advice from a physician. **CONTRA INDICATIONS:** Do not use in patients with congenital megacolon, Hirschsprung's Disease, imperforate anus or congestive heart failure. Use with caution in patients with impaired renal function, heart disease, colostomy, or pre-existing electrolyte disturbances such as dehydration, or those secondary to the use of diuretics. **Interactions:** Use with caution with patients on calcium channel blockers, diuretics or other medications which may affect electrolyte levels, as hyperphosphataemia, hypocalcaemia, hypernatraemia and acidosis may occur. **KEEP OUT OF REACH OF CHILDREN** In case of accidental ingestion or overdose, seek medical advice. Full prescribing information is available on request. PL NO 0083/0043 PA 299/13/1 STORE BELOW 25°C DO NOT REFRIGERATE

Product Licence Holder: E.C. De Witt & Co. Ltd. A subsidiary of C.B. Fleet Company, Inc. USA.

## References

Data on file 1995, E.C. De Witt & Co. Ltd.

E.C. De Witt & Co. Ltd., Tudor Road, Manor Park, Runcorn, Cheshire, WA7 1SZ, England.

tel: 01928 579029 Telex: 627264 Telefax: 01928 579712



## ◀ Continued from PVI

interact with exudate in the wound. They are suitable for desloughing and for moderately exuding wounds.

Also in 1988, alginate dressings, such as Kalostat (Convatec), Sorbsan (Pharma-Plast) and Tegagel (3M Health Care), were given Drug Tariff status. They are derived from seaweed and are highly absorbent when used on exuding wounds.

Lyof foam (Seton Healthcare), a two-layered polyurethane foam indicated for moderately exuding wounds, came on the Tariff in 1989.

The following year saw Intrasis Gel (Smith & Nephew) become available on the Drug Tariff, although it was then known as Scherisorb Gel. It is suitable for all stages of wound healing, but is especially effective on

sloughy and necrotic wounds, such as ulcers and pressure sores.

Last year, the hydrocellular dressing Allevyn (Smith & Nephew) made it onto the Tariff. It has a three-layer structure which allows it to absorb high amounts of exudate. As such, it is indicated for medium to heavily exuding wounds.

Varidase, Debrisan and Iodosorb are slightly different from the dressings already mentioned. Varidase comes as a liquid which must be mixed. It is used on necrotic wounds. Debrisan and Iodosorb are also known as bead dressings and are indicated for use on exuding wounds. Only Debrisan is available on the Drug Tariff as a dressing, the others are available on FP10 as drugs.

Work is being carried out on developing new, innovative methods of wound healing.

Two such ideas are:

- epithelial cell cultures, where skin is grown in a cell culture and then placed onto the wound instead of a dressing
- dressings incorporating 'growth' factors which enhance wound healing. These mediators are produced naturally during the wound healing process early on, thus encouraging more rapid wound healing.

## Pharmacy scope

There are major opportunities for retail pharmacists to become recognised for advice on wound dressings and care.

● **Nursing and residential homes** are often staffed by nurses who have been away from general nursing for some time and who may not have been exposed to some of the newer, high tech dressings available. They often look to their source of

supply for advice – the pharmacist.

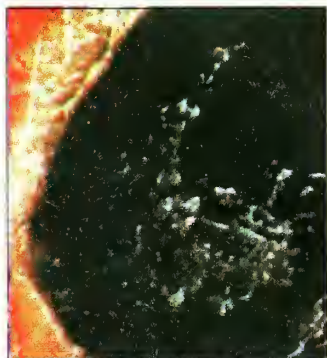
● **Product formularies.** Some pharmacists have already linked up with the local health centre to produce formularies and efforts are being made to encourage the GP to concentrate on the diagnostic aspects of healthcare, leaving the choice of appropriate dressing to the pharmacist.

● **Product specialist.** Being a product specialist requires the pharmacist to have a tremendous knowledge of the dressings available, indications and costings. But it will also ensure that pharmacists play a key role in controlling costs by dispensing treatments which are cost-effective rather than habitual.

*This is a synopsis of a presentation given by Noel Kendrick of Smith & Nephew Healthcare at this year's Unichem conference*

# The colour classification of wounds

There isn't a 'universal' dressing. As the wound changes, then a dressing must be chosen to reflect that change. To assist in the assessment process, many attempts have been made to classify wounds. One such system is colour classification.



**Black necrotic**

## Black necrotic

It is essential to debride these wounds before healing can begin. This can be achieved by re-hydration of the tissue. Hydrogels and hydrocolloids can provide these conditions.

For small and superficial wounds or extensive and deep wounds use: Comfeel, Granuflex and Intrasis.

## Green infected

Minor infections can be treated using medicated antiseptic tulle. More serious infections may also require systemic antibiotic treatment.



**Green infected**

For small cavities use: Kaltostat, Kaltogel and Sorbsan.

For shallow and open wounds use: Bactigras, Clorhexitulle, Fucidin Intertulle, Inadine, Kaltostat, Kaltogel, NA Dressing, Serotulle, Sofratulle Sorbsan, Tegagel and Tricotex.

Another option is to use a charcoal cloth dressing which deodorises discharging, malodorous and infected

wounds. However, these are not available on the NHS.

## Yellow sloughy

Desloughing of the wound is essential to promote healing. Hydrogels and hydrocolloids will absorb sloughy materials.

For small, dry wounds use: Comfeel, Granuflex, Intrasis and Tegagel.

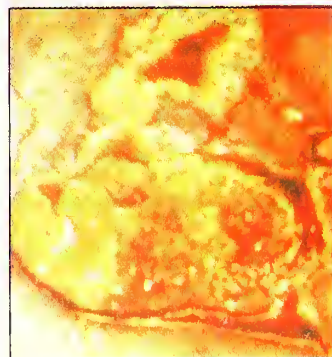
For small and moist wounds: as before, and also Kaltostat, Kaltogel, Lyof foam, Sorbsan and Tegagel.

For deep cavity wounds try: Intrasis, Kaltostat, Kaltogel, Sorbsan or Tegagel.

## Red granulating

The aim here is to stimulate epidermal regeneration as soon as possible. Hydrogels or hydrocolloids can be used on slightly exuding wounds.

Where there is more exudate, then an alginate or hydrocellular dressing can be used.



**Yellow sloughy**



**Red granulating**

For cavities use: Intrasis, Kaltostat and Kaltogel.

For medium to high exudate use Allevyn, Kaltostat, Kaltogel, Lyof foam, Sorbsan or Tegagel.

For low to medium exudate use: Comfeel, Granuflex, Lyof foam, Sprysorb, Tegagel and Tielle.

## Pink epithelialising

This is the very final stage of healing. On slightly exuding wounds film dressings are effective, whereas moderate to high exudate is better with foam dressings or hydrocolloids.


For clean wounds with low to medium exudate use: Bioclusive, Comfeel, Cutifilm, Granuflex, Jelonet, Lyof foam, Melonin, NA Dressing, Opsite Flexigrid, Paratulle, Release, Sprysorb, Tegaderm, Tegagel, Tielle, Tricotex and Unitulle.

For medium to high exudate: Kaltostat, Kaltogel, NA Dressing, Sorbsan, Tegagel or Tricotex.



**Pink epithelialising**





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## COMPETITION

# Celebrate Christmas!

### Win a Getaway Vacations' trip to the Bahamas with Reckitt & Colman

Christmas is coming again, though this year could be a little different! Reckitt & Colman, the manufacturer of Senokot™ and Fybogel™, is inviting pharmacy assistants to take part in the last of a series of pharmacy competitions. You could find yourself celebrating in the Bahamas!

This is the time of year for over-indulgence, merriment and 'relatives from hell!' Everyone eats and drinks too much and most of us become couch potatoes, with any thought of exercise going completely out of the window.

All these factors can lead to changes in bowel habits, so don't be surprised if there's an increase in customers seeking help with hangovers, indigestion, stomach upsets and constipation. But Reckitt & Colman has come to your aid by providing information to benefit your customers and a competition to benefit you! If a customer is suffering from acute or 'Christmas' constipation, a stimulant laxative, such as Senokot,

provides fast, effective relief. Senokot is a well established, stimulant laxative, containing senna obtained from the pods of the senna plant, which has a very gentle action.

Because it is colon-specific it avoids problems, such as serious griping pains, that are sometimes associated with other stimulant laxatives.

For chronic constipation a fibre supplement, such as Fybogel, is very effective. Fybogel contains ispaghula husk, one of the richest known sources of natural fibre, and is available in orange and lemon flavours. When taken twice a day, Fybogel provides over 30 per cent of the

recommended daily amount of fibre, supplementing a diet of turkey!

Laxatives should not be taken as a long-term solution for constipation. You should advise customers to prevent constipation by increasing the amount of fibre in their diet to the recommended

18g a day, drink plenty of fluids (not alcohol!) and take gentle exercise. Everyone at Reckitt & Colman wishes you a very Merry Christmas and a Healthy New Year!

### Fruity/fibre treats

Here are some great tasty treats full of fibre and fruit for a little 'less wicked' Christmas indulgence.

#### ● Angels on Horseback

Take 30 juicy stoneless prunes and wrap with 1/2 rashers of streaky bacon. Secure with a cocktail stick and place in a greased, ovenproof dish. Bake in a pre-heated oven at 180°C for ten minutes, or until the bacon is browned and crispy. Serve immediately.

#### ● Potato Skins with Avocado Dip

Bake five large potatoes (as for jacket potatoes) for approximately 1 1/2 hours at 150°C.

Scoop out and discard the inside of the cooked potatoes. Cut the thick skins into triangles. Brush with oil and place back in the oven on a baking tray for 10-15 minutes at 200°C until crispy. For the dip, mash the flesh of two





● Christmas pudding evolved from plum porridge, a watery dish of raisins and spices, which developed over the years. By 1670, it had become the rich pudding we love today.

● The first recorded Christmas tree in Britain was in 1821, but the concept was popularised by Prince Albert when he included a decorated tree in the Royal Christmas celebrations in 1841.

● Mince pies, made with seasoned minced meat, date back to the time of the Crusades. After the Puritans banned Christmas celebrations in the 17th century, mince pies made a comeback in a different guise, containing raisins, orange and lemon peel, and sugar.

● Eating turkey at Christmas is a relatively new custom, dating back to the 16th century when turkeys were imported from America. Before this, goose was traditionally enjoyed.

● It is considered unlucky to bring holly and other evergreens into the house before Christmas Eve.

● Kissing under the mistletoe is a custom unique to Britain, although no one is quite sure why!



avocados with the juice of a lemon, mix with  $\frac{1}{4}$  pint soured cream and one tablespoon chopped fresh chives. Cover and chill for up to three hours. Serve with the potato skins.

#### ● Orange & Lemon Wassail Cup

Boil up four ounces sugar, two cinnamon sticks,  $\frac{1}{2}$  pint pineapple juice,  $\frac{1}{2}$  pint orange juice and the juice of

three lemons for five minutes. Pour  $\frac{1}{4}$  pint dry sherry and three pints of ale into a large pan and strain the fruit juice mixture into it. Heat, but don't let it boil. Garnish with slices of lemon and serve.

#### Prize

Reckitt & Colman is offering a fabulous week's holiday in the Bahamas for two with Getaway Vacations in the luxurious Radisson Cable Beach Hotel, as a special Christmas prize. The hotel is located on Nassau's world famous Cable Beach. Three runners-up will win a \$100 Thomas Cook voucher. The prize winners will be decided on the closing date, January 31, 1996.

#### RULES

A All entries become the property of Reckitt & Colman Products Ltd. B The competition is not open to employees of Reckitt & Colman Products Ltd, Miller Freeman Ltd, members of their families or their agents. C All entries must be received by January 31, 1996. D Reckitt & Colman Products reserves the right to publicise the winners' names and photographs. E The judges' decision is final and no correspondence will be entered into. F The prize must be accepted as offered, there is no cash alternative. G The competition is only open to pharmacy assistants. H Only one entry per person is allowed. J Winners will be notified by post by February 14, 1996. K A full list of winners will be available by post, on request. L Proof of posting does not constitute proof of delivery. M Tokens collected from the series must be original, photocopies are not acceptable. O Holiday to the Bahamas includes flight, accommodation and half board for two people for one week. P Holiday must be taken between April 1 and October 31, 1996, subject to availability. Q The holiday is handled by Getaway Vacations, tel: 0181 313 0550. R Harrods Ltd is unrelated to Reckitt & Colman and does not endorse or recommend Reckitt & Colman products. S Reckitt & Colman's prize draw is managed, controlled and administered by Manning, Selvage & Lee alone, and any correspondence concerning the draw must be directed to Manning, Selvage & Lee and not to Harrods.

#### Bonus token prize

If you have collected three of the five tokens printed in the *Chemist & Druggist* and *Community Pharmacy* competitions throughout the year, you now have the opportunity to enter the end of year special bonus prize draw. The fifth token is printed in this competition (photocopies not accepted). The first prize winner will receive a luxurious Harrods' 'Kensington' hamper worth £135. Two runners-up will receive the 'Knightsbridge' hamper worth £60, packed full of delicious goodies. Please send your three tokens with your name address and telephone number to: Hamper Prize Draw, *Chemist & Druggist*, Miller Freeman Professional Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.



#### How to enter

From the copy provided, answer the following questions:

1 Give two reasons why we can become constipated at Christmas. ....

2 What treatment provides fast and effective relief for acute constipation?.....

3 Name a fibre supplement containing ispaghula.....

4 Cut out and post with your entry two of the Christmas puddings hidden on these two pages.

Name (BLOCK CAPITALS).....

Address.....

Please send your completed form to Reckitt & Colman Competition, *Chemist & Druggist*, Miller Freeman Professional Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.





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ciba ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

\*Nielsen Jul-Aug 1995 (NAT). Bradosol is a registered trademark. 1095/179



**M**ental illness has come out of the closet. Books on the benefits of prozac proliferate and television devotes hours to the subject of human angst.

Pharmacists are not immune to the stresses work can cause. A survey by Cooper Occupational Stress Ratings shows that the suicide rate among pharmacists is double the working population.

To deal with these problems, the National Pharmaceutical Association has set up a 24-hour telephone helpline.

As other sectors have discovered, pharmacy owners could pay a hefty price if they don't look out for the mental health of their staff. The High Court recently decided that Northumberland County Council pushed an employee too far.

John Walker was a senior social worker employed by the council. He had two mental breakdowns brought on by stress and overwork. After the second,

## Stress at work occurs typically when employees have no control over the demands made on them

he left his job. He then sued the council, claiming that his health had been damaged as a result of excessive stress at work.

He won and the union supporting him says he is looking for \$200,000 in damages.

The pendulum is swinging towards the protection of employees' rights. European-led legislation, such as the recent extension of maternity rights, is imposing increasing costs on employers.

This legislation belies the fact that many directors consider that stress is just a fact of working life. But what should employers do following the decision in Mr Walker's case?

Employers have a legal duty to provide a safe system of work for their staff. That means taking reasonable steps to prevent foreseeable risks. If they fail to do this, they are in breach of their duty of care and may be liable to negligence. There is now a statutory duty to make regular assessments of potential risks to employees' health. This dispute between Mr Walker and Northumberland County Council confirms that employers must look after the mental health of staff members in



# Stressed out

**It's a condition that can kill, but how much does it cost when an employee who feels over-stressed at work takes the boss to court? Solicitor **Ronnie Fox** reveals how to keep staff calm and avoid legal bills**

the same way as their physical health.

Mr Walker's case indicates excessive stress. His workload as a social worker grew markedly because of an increase in the local population, but the resources available to him did not.

Job pressure intensified following publicity about the perceived failings of some social workers in child abuse cases. He

suffered a complete nervous breakdown as a result of stress. He had no previous history of mental disorder.

Returning to work after the first breakdown, he found that paperwork had built up and the promised extra help did not materialise. He suffered a second breakdown, threw in the towel and left. The council was fully aware of pressures on Mr Walker.

**40 million working days are lost in Britain each year through stress**

Stress at work occurs typically when employees have no control over the demands made on them or the resources required to meet those demands.

The lack of control elements explains why stress is a much more serious medical problem at a relatively junior level than is sometimes supposed. In another on-going case, a hospital doctor is claiming he has suffered psychological trauma caused by working excessively long hours. His contract required him to be at work or on call for an average of 88 hours a week.

Sometimes employers can preempt problems. In a case against HM Customs last year, an employee sued following a mental breakdown. However, the court held that Customs and Excise was not negligent. It had sent the worker on sick leave after the breakdown, then moved him to an easier job and gave him early retirement when it became clear he could not cope.

Steps to stress-free workplaces:

- pressures on employees should be regularly reviewed as part of the general health and safety assessments. Workloads should be monitored and investigation should follow if employees regularly stay late or fail to take their holiday allowance
- complaints about excessive workloads should be taken seriously. Resources should be matched with demands and managers should be trained to recognise stress problems and deal with them effectively
- it should be made clear to applicants when jobs involve an unavoidable degree of stress. Research shows that applicants with a sense of humour are better at coping with pressure.

These steps make sound financial sense. The Health and Safety Executive has estimated that 40 million working days are lost in Britain each year as a result of stress. This costs employees billions of pounds and wastes countless management time.

● The Health and Safety Executive has published 'Stress at Work - a Guide for Employers', price \$5.25, available from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 6FS.

*Ronnie Fox, a senior partner at City law firm Fox Williams, specialises in advising on employment and partnership issues.*



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## Unichem offers new-look travel service ...

Unichem is selling its Soler Touriste leisure and conference business. In its place it is launching the Travelplus Club, a travel service offered through A T Mays Direct.

The Soler business is being sold in two parts. A T Mays Direct will take over the retail services offered by Soler, while the conference side has gone to agency LCR Advertising, which has handled the Unichem account for ten years.

Unichem has contracted LCR to run its convention for the next five years. It will also take on suppliers' and sales force conferences. Soler's key staff will be relocating to LCR's offices.

Tony Foreman, Unichem's director

of sales and marketing, says: "The sale of Soler will allow us to concentrate on our core activity, healthcare, while providing a superior service to our customers through A T Mays."

Membership of the club gives regular discounts on holidays and travel facilities. Using a telephone number on the Travelplus Club card will allow members to book a wide range of services. The hotline operates up until 8.00pm on weekdays and from 9.00am-5.00pm at weekends.

All pharmacists who apply for a membership card by the end of January, 1996, will be entered in a prize draw, with the chance to win a fortnight's holiday for two in Thailand.



Partners in Portugal, from l to r: Antonin de Bono, Jeff Harris, Stephano Pessina and Claude Berritti

## ... and merges Portuguese subsidiary

Unichem is merging its Portuguese wholesaling business, Unichem Pharmaceutica, with Alliance Sante, a leading southern European drug wholesaler.

Unichem Alliance Sante, as the new business will be called, will be Portugal's largest pharmaceutical wholesaler, with market share approaching 20 per cent. It will be owned equally by the two partners, who are both members of IPSO, a consortium of European wholesalers.

For the year ending December 31, 1991, Unichem Pharmaceutica had sales of \$68.9 million, operating profits of \$1.3m and net assets of \$11.9m. On a pro-

forma basis for 1995, the combined group will have sales of over \$170m, operating profits of \$1m and net assets of \$20m.

It is anticipated that the businesses will transfer their trade into the new consortium company early in the new year.

Unichem chief executive Jeff Harris says: "The joint venture is a natural commercial and geographical fit and the combined group will fulfil our ambition to offer full national coverage."

Unichem entered Portugal in 1992 and operates from Aveiro and a new facility in Porto. Alliance Sante is mainly based in Lisbon and the south.

# Clarke cuts business rates and N Insurance

Chancellor Kenneth Clarke has cut business rates and National Insurance contributions in support of small businesses.

For 1996-97, the business rates for small enterprises will be capped at 5 per cent instead of 7.5 per cent, and reduced from 10 per cent to 7.5 per cent for all.

The rate of employer's National Insurance contributions will be reduced by 0.2 per cent to 10 per cent from April, 1997. This will cut the cost of employment by \$500 million and make it cheaper for businesses to create new jobs, according to Mr Clarke.

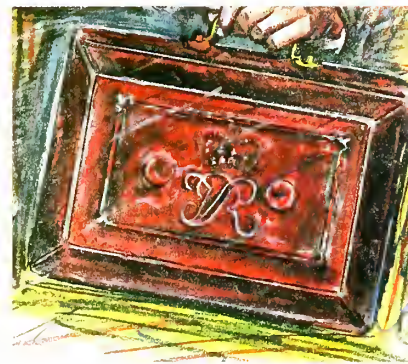
Contributions made by the self-employed have also been cut from 7.3 per cent to 6 per cent and the employer's National Insurance contribution holiday for the long-term unemployed will now cover trainees and some part-timers.

The qualifying age for retirement relief from capital gains tax has been reduced from 55 to 50 years of age. This means exemption from capital gains tax on the first \$250,000 gained when a business is sold or from the sale of a minimum stake of 5 per cent in a business. Gains of between \$250,000 and \$1m will receive half-relief.

The small companies' corporation tax has been reduced by 1p to 21p in the pound, and holdings of shares in all unquoted companies will be exempt from inheritance tax.

The NHS is benefiting from a \$1.3 billion boost (equivalent to 1.6 per cent in real terms) and nearly \$700m from private finance. Improvements in efficiency and reductions in NHS management costs will see a further \$650m being ploughed back into patient care.

The hospital and community health services budget will grow by 1.1 per cent in real terms in 1996-97 and family health services by 3.9 per cent. However, budgets are not expected to offset the rising drugs bill and there is speculation that the prescription charge will rise above inflation next year.



The secretary of state for health also announced that the NHS will benefit next year from private sector capital investment under the Private Finance Initiative, with \$165m being invested under the scheme. The go-ahead has already been given for a privately-funded \$35m project to modernise two hospitals for the South Buckinghamshire NHS Trust.

Private nursing homes and residential care centres have been given a boost through policies that will make more people eligible for state-funded care and encourage people to make private provision for long-term care.

The National Pharmaceutical Association's financial officer, Brian Dosser, said incentives for care of the elderly may find their way to pharmacy, but overall he could not see any great benefit for pharmacists. "The retirement age for capital gains may stimulate some disgruntled members to get out and we may see more businesses on the market."

Stephen Alanbritis of the Federation of Small Business said changes in inheritance tax and capital gains tax, although welcome, did not do enough for existing businesses which wanted to grow: "In view of a disappointing budget, we are calling for a cut in base rates which would reduce the cost of borrowing and may get the 'feel good factor' back in the High Street."

The National Association of Health Authorities & Trusts director, Philip Hunt, said: "Next year is likely to be tight, but even so we should see developments in NHS services."

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# £17m expansion plan for Galen

Galen has launched a \$17.4 million expansion programme to keep pace with growing demand for its range of pharmaceutical products and services.

The company, which also owns the Connors pharmacy chain, says that the bulk of the cash will be spent on new buildings and equipment at its main manufacturing site in Craigavon, County Anagh.

"We've seen steadily rising demand for our own products, Manevac, Galpseud and Kapake, and have also been increasingly active in the contract manufacturing sector," says marketing manager Simon Lawrence. "We feel that now is the right time to expand and improve our production facilities."

As part of the development of the Craigavon operation, Galen will also expand its research and development department and move its penicillin and cephalosporin suites, and its clinical trials materials packaging line into a purpose-built facility.

"Our clinical trials products have proved particularly successful recently, with growing



Md Alan Armstrong (left) shows Baroness Denton Galen's expertise

demand in the US, as well as the domestic market," says Mr Lawrence. "The new building, which will meet FDA standards, will strengthen our presence in this market still further."

Galen has been awarded a \$4.5m grant from the Government's Industrial Development Board to help fund its expansion and says that work at the Craigavon site is planned to take around three years, although it

could be completed in two. Over this period, it will also be recruiting a further 160 people, taking its total workforce – including Connors' staff – to around 1,300.

The latest round of investment at Galen follows "major spending" at its sister operation, Ivex, which produces a range of infusion and irrigation fluids at its factory in Larne. The site has been doubled in size and brought up to FDA standards.

## Calcitonin for US

**Cortecs International has filed an Investigational New Drug application with the US Food and Drug Administration for its oral salmon calcitonin osteoporosis treatment. The drug acts by inhibiting bone resorption and Cortecs recently announced positive results from double-blind trials in Europe.**

## New number

The telephone number for Potter's (Herbal Supplies) has changed to 01942 234761.

## UK slams EU labelling

**At the forthcoming EU summit in Madrid, the UK will oppose the European price indication directive, which would compel small retailers to display prices per unit by the relevant weight, as well as the price per pack. The Government is also opposing a directive for dual labelling of sweetener content on food packaging.**

## Popularity league

**Glaxo Wellcome is the most admired company in the health and household sector, according to a poll of 250 senior executives published in *Management Today*. Smithkline Beecham came second and Zeneca third.**

## Law lords unanimously block Merrell patent

Five law lords have unanimously blocked Merrell Dow Pharmaceuticals' attempt to extend the patent on terfenadine.

Merrell Dow claimed that its monopoly should continue because it had been granted a later patent on the chemical composition of the acid metabolite.

The company subsequently

took legal action against other manufacturers for infringement, but they successfully applied to have the case against them thrown out by the High Court.

The law lords upheld the High Court's ruling that the patent on metabolite was invalid because the effect of swallowing terfenadine was not a new invention.

## UK leads Europe into 21st century

Retail pharmacy in the UK is the most commercially-orientated in Europe, putting it in a better position than other countries to deal with key changes.

In the UK, margins on prescription medicines account for 7.5 per cent of the total price, in other major European countries the margin is over 20 per cent, says a report from Datamonitor.

UK pharmacists can cope with such low margins because of the significantly higher mark-up on OTC lines at around 25 per cent. It is in this large, high-profile market that UK pharmacists have traditionally made their profits, says Datamonitor.

The report, 'Pharmaceutical Retailing', costs \$1,995 from Datamonitor Europe, 106 Baker Street, London W1M 1LA.

## Boots implements computerised staff scheduling package

A computerised staff scheduling package, which matches staff availability to store workload, is being implemented by Boots The Chemist across its branches. Said by project manager Robert Needs to be the company's biggest IT initiative since the introduction of EPoS, implementation of Computerised Staff Planner (CSP) is expected to be complete in all Boots' stores by March, 1996.

According to Mr Needs, the benefits of CSP include more rapid production of staff schedules and greater flexibility in matching staff levels to store workload. CSP can be formatted in 15-minute intervals across the week and changed as necessary.

## COMING EVENTS

### MONDAY, DECEMBER 4

**Derby Branch, RPSGB**

The Postgraduate Education Centre, Kingsway Hospital, Derby, 7.30 for 8pm. 'Acupuncture' by Heather Fittan, acupuncturist.

### TUESDAY, DECEMBER 5

**Weald of Kent Branch, RPSGB**

The Postgraduate Medical Centre, Kent & Sussex Hospital, Tunbridge Wells, 8pm. Talk on laxatives and local politics.

**Fife Branch, RPSGB**

The Albany Hotel, Glenrothes, 7.45pm. 'Killer bugs and super-drugs' by Dr Gabby Phillips, consultant microbiologist.

**Dudley, Stourbridge and District Branch, RPSGB**

The Medical Services Centre, Corbett Hospital, Stourbridge, 7.30 for 8pm. Business discussions.

**Northern Scottish Branch, RPSGB**

The Craigmorie Hotel, Annfield Road, Inverness, 8pm. Security matters relating to pharmacists and pharmacies. Speaker: Ray Kitching, crime prevention officer, Northern Constabulary.

**Moray and Banff Branch, RPSGB**

The Tennant Arms Hotel, Lhanbryde, 7.45 for 8pm. 'Peak Practice' by Dr Hornsby, Elgin Health Centre.

**Oxfordshire Branch, RPSGB**

The Conference Room of the Academic Centre of the John Radcliffe Hospital, 7.30 for 8pm. 'Footcare in pharmacy' by Sally Huhm, deputy chief podiatrist, Oxfordshire Health.

### WEDNESDAY, DECEMBER 6

**West Metropolitan Branch, RPSGB**

Royal Brompton National Heart & Lung Hospital, Sydney Street, London SW3, 6.30 for 7pm. Discussion on Pharmacy in a New Age led by Andrew Burt, member of Council, followed by 'Breast cancer – epidemiology and treatment of the disease – future trends' by Professor Paul Nicholls.

### THURSDAY, DECEMBER 7

**Sheffield & District Branch, RPSGB**

The Prescription Pricing Authority, 1st Floor, Furnival House, 45 Furnival Gate, Sheffield, 7.30 for 8pm. 'Contractors Payments' by Kathryn Robinson.

**Hertford and District Branch, RPSGB**

SmithKline Beecham, Welwyn Garden City, 7.30 for 8pm. 'Signs and signals – the unspoken message' by NESTA Job.

**Hastings and District Branch, RPSGB**

The Medical Education Centre, Conquest Hospital, The Ridge, Hastings, 8pm. 'Management of migraine' by Dr Andrew Dowson, consultant neurologist.

**Stirling & Central Scottish Branch, RPSGB**

The Inchyra Grange Hotel, Grange Road, Polmont, 8pm. Speaker: John Allen, a community pharmacy superintendent and leader of the Cairngorm Mountain Rescue Team.



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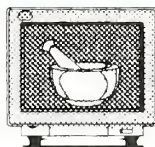
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# ABOUT people

## Happy 175th birthday!

The Pharmacy in Watlington, Oxfordshire, has celebrated 175 years' trading with a prize draw.

The event raised a total of \$608, all of which will go to the Watlington Hospital.

The Pharmacy has been in its present premises since it opened in 1820 – and the building itself is even older, previously housing the offices of a tea merchant.

"One hundred and seventy-five years in business is quite an achievement and I'm pretty sure it makes us the oldest pharmacy in Oxfordshire and one of the oldest in the country," says owner Nigel Scott. "It's even



more unusual to have been in the same place for that length of time, but it is a very good site and the building is even better since we were allowed to expand it two years ago."

The previous owners, pharmacists Mr and Mrs F W Pate, drew the winning numbers and the South Oxfordshire District Council presented the pharmacy with a commemorative print.

The pharmacy also marked its anniversary with a display of

19th-century pharmacy memorabilia, including a prescription book, scales and cabinet labels.

The business doubled as a bookshop, printer, stationer and insurance brokerage under the Spyer family, who owned the pharmacy for 79 years from 1844.

Among other interests, the Spyers were key members of the Watlington Temperance Society, actively closing as many of the town's large number of drinking hostilities as possible!

## APPOINTMENTS

Revlon has a new general manager, **Neil Wilkinson**, who will be responsible for the Revlon, Almay and Ultima II brands within the UK. Mr Wilkinson joins from Warner-Lambert in the new year.

G R Lane Health Products has appointed **Jane Silk** as marketing manager. She joins from the vacuum specialist Vax, and was previously employed by English Grains Healthcare.

**Denis McGiffen** is the new chairman of the Small Electrical Appliance Marketing Association. Mr McGiffen heads the Philips small appliance business in the UK. Duracell has promoted **David Young**, its former vice president, northern Europe, to senior vice president, sales and marketing of Duracell Europe.

**Dr Paul Bowser** has moved to the newly-created position of technical director for Swallowfield's cosmetics division, comprising Cosmetics Plus in the UK and Parbel in Belgium.

Cow & Gate has made **Andrew Sturton** its new general sales manager (pharmacy). Mr Sturton has been with the company for 23 years.

There are two new retail salesforce representatives working for Robinson Healthcare. **Simon Langley** will work in the North Thames and Anglia region, and **Jeremy Durham** will be based in the West Midlands and Mid-South.

Hoechst UK's new chairman will be **Dr Peter Read**, and the chief executive will be **Gerhard Storch**, with effect from January 1, 1996, due to chairman Arno Baltzer's retirement.



## Taking the racing line with Vantage

Pharmacist Paul Wilkin is very proud of his daughter Anna's addiction – to adrenaline, that is.

Having inherited her father's love of the more exciting side of life, Anna has just finished her very first season of motorcycle racing, which was sponsored by AAH Pharmaceuticals.

During that time, she has had more than the odd crash, which bothers both her parents. Her father has collected her from hospital on more than one occasion. But Paul is a keen supporter

of his daughter's activities and rides a motorbike himself, although not of the power needed for racing. He still drives to his Gloucester pharmacy on his own bike, finding it helps slow down the ageing process.

Motor racing is an expensive sport and the Wilkins couldn't do it without their sponsors. If anyone else would like to see their name displayed at such famous racing venues as Silverstone or Mallory Park, then Paul would be delighted to hear from you.

## Most appealing

The BBC's Children in Need Appeal is \$440 better off this week, thanks to two pharmacies organising in-store events.

M E J Hingley & Co of Birmingham repeated its success of last year by borrowing West Bromwich Albion's football kit and wearing it in the store on Friday. A raffle was drawn on Monday, with prizes including a course of driving lessons. The weekend netted a total of \$230.

The People's Pharmacy in Springfield near Chelmsford had its third annual raffle, raising \$210 for the appeal. The draw included CDs and a video.



Pharmacist Joan Fairlamb (left) with staff and customers of M E J Hingley & Co of Birmingham, who raised £230 for Children in Need





## Our Customers are our reference!

"Customers always want it fast - I used to average 8 films a day - my best day since delivery of the Imager has been 38! They advise 6 - 7 minutes cleaning per day... ignore this at your peril. Photo-Me are everything they say they are, superb back-up!"  
*Barnt Green, Birmingham.*

"I was only processing 2 - 3 rolls a day; I now do 15 rolls a day and considerably more in the summer, 50% at the 1 hour rate. Photo-Me advised against a larger lab for my site - I have nothing but praise for this!"  
*Zapp, Glastonbury.*

"My initial decision was would I do 5 films a day as my average was only 3? I saw immediate growth to 6 - 7 films, then 10; during the summer I take 50 to 60 rolls on Mondays! The machine is very reliable."  
*L&A Cunliffe, Bournemouth.*

"The Imager was just what we wanted - compact, simple to operate and easy to maintain. We had no worries about leaving a student in charge during our holidays. Their administration and service staff are extremely helpful!"  
*Roberts Chemist, Wareham.*

"After sales service from Photo-Me is excellent... as for the technical telephone hotline, I cannot speak highly enough of it! I now offer a comprehensive processing service, 6 days a week."  
*Hemsby Pharmacy, Great Yarmouth.*

"I was more sceptical than most, but Photo-Me provided an informative and accurate presentation of the film processing market. The back-up is fantastic... my film sales have doubled; 40 - 50% being 1 hour."  
*Kristal Pharmacy, London.*

"We end up doing a better job than our D&P lab, the quality of the prints is excellent! Support from Photo-Me has continuously improved since installation 2 years ago... my film sales have doubled. Yes I would do it again!"  
*Martins Chemist, Ascot.*

"I was rather apprehensive at first, my film take was only 8 to 10 a day. My average is now 30 a day and still climbing; the best so far is 58! I would recommend this to other pharmacists."  
*Martins Pharmacy, Brighton.*

*With only a few films per day you could enter the lucrative market of on-site film processing with the amazing Imager Micro-Lab from Photo-Me. If new customers, 70% profits and a tremendous after sales service are important to you, contact  
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**PRESENTATION** Oblong, buff coloured chewing gum. Each piece contains 2mg of nicotine. Nicotinell Chewing Gum is available in original or mint flavour. **INDICATION** Treatment of nicotine dependence as an aid to smoking cessation. **DOSAGE** Stop smoking completely when starting treatment. One piece of Nicotinell gum to be chewed when the user feels the urge to smoke. Usual dosage is 8-12 pieces per day, up to a maximum of 15 pieces per day. After three months, usage should be progressively reduced until the user has stopped completely. Not to be used by children. **CONTRAINDICATIONS** Non-smokers, children. As with smoking, Nicotinell Gum is contraindicated during pregnancy and lactation, acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, and recent cerebrovascular accident. **PRECAUTIONS** Patients with gastritis, peptic ulcer, hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment. Keep out of reach of children at all times. **SIDE EFFECTS** Increased salivation, slight throat irritation, hiccuping, indigestion, heartburn. **LEGAL CATEGORY** P. **PACKS** Nicotinell Original Chewing Gum 2mg (PL 0001/0195) in packs of 24 and 96 (Trade Price 24s – £2.57, 96s – £7.70, Retail Price 24s – £4.50, 96s – £13.50). Nicotinell Mint Chewing Gum 2mg (PL 0001/0197) in packs of 24 and 96 (Trade Price 24s – £2.57, 96s – £7.70, Retail Price 24s – £4.50, 96s – £13.50). **PL HOLDER** Ciba-Geigy plc, Macclesfield, SK10 2NK. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **DATE OF PREPARATION** 1 June 1995.